

George White  
ON

**CONTENTS**  
**OF THE**  
**NEW JERSEY MEDICAL REPORTER.**

**FOURTH MONTH, (APRIL,) 1848.**

**BIOGRAPHICAL RECORD.**

Some account of Jonathan Johnstone, M. D.	By E. J. Marsh, M. D.	169
" " Lewis Johnstone, M. D.	" "	170
" " Robert McKean, M. D.	" "	171
Biographical Notice of Dr. Samuel Dick, by Quinton Gibbon, M. D.		173
" " of William Forman M. D. by J. S. Schanck,		174

**ORIGINAL COMMUNICATIONS.**

Some account of an Endemic Fever among the coloured population of Philadelphia. By Silas S. Brooks, M. D.	176
A case of Constipation successfully treated with Croton Oil. By Silas S. Brooks, M. D.	179
Cases of Hemorrhage from the Umbilicus. By Elias J. Marsh M. D.	181
History of Chloroform. By J. B. Warriner, M. D.	182
Clinical Observations—Singular Case of Swelling of the Neck. By the Editor,	187
Case of Abscess near the axilla—terminating with profuse hæmorrhage. By the Editor,	190
Fracture of the Cervix-Femoris—History of a Fatal Case, and its post-mortem appearances; and of a case which terminated favorably. By N. W. Condit, M. D.	192

## BIBLIOGRAPHICAL NOTICES.

The British and Foreign Chirurgical Review or Quarterly Journal of Medicine and Surgery, No. 1, January 1848, New York—re-published by Richard & George S. Wood, No. 261 Pearl street,	199
The Nineteenth Annual Report of the Inspectors of the Eastern State Penitentiary of the State of Pennsylvania, transmitted to the Senate and House of Representatives, March 1848,	203
Report of the Pennsylvania Hospital for the Insane, for the year 1847. By Thomas S. Kirkbride, M. D. Physician to the Institution,	205
Principles and Practice of Surgery, by the late George McClellan, M. D. Edited by his son John H. B. McClellan, M. D. pp. 432—Philadelphia: Grigg, Elliott & Co. No. 14 North Fourth street,	208
Summary of the Transactions of the College of Physicians of Philadelphia from December 1847 to March 1848 inclusive,	212

## EDITORIAL.

OBITUARY NOTICES—Death of Thomas T. Hewson, M. D.	216
Death of Jacob Randolph, M. D.	219
Death of John S. Condict, M. D.	221
Collodion,	221
The ensuing Annual Meeting,	222
Biographical Records,	223
A Monster,	224
MEDICAL INTELLIGENCE—Delegates to the National Medical Association from New Jersey,	224
do do New York,	225
do do Massachusetts,	225
do do Philadelphia,	226
do do Ohio,	226
Pennsylvania Medical Convention,	226
Medical Classes in Philadelphia,	226
Pennsylvania Hospital,	227
Franklin Medical College,	227
Successor to Liston,	227
Faculty of Medicine of Paris,	227
Introductory Lectures,	227
The Body of Dieffenbach,	227

## ECLECTIC DEPARTMENT.

New Jersey Registration Bill,	228
Treatment of Typhus or Ship Fever, by John H. Griscom, M. D. of New York,	230

# CONTENTS.

iii

Observations on Etherization in Tetanus—with a case, read before the College of Physicians of Philadelphia, March 7, 1848. By Isaac Parrish, M. D. - - - - -	233
New and successful method of treating Prolapsus Ani. By Dr. Hake, - - - - -	238
A case of Eclampsia Parturientium, or Puerperal Convulsions. By Thomas McGown, M. D. of Hillsborough, Mi. - - - - -	240
The nature of General Shields' wound, - - - - -	243
Obituary Record—Death of Dr. Joseph Bell, - - - - -	244
Amputation during spreading Gangrene, &c. By U. S. Thomas, M. D. of Longview, Tenn. - - - - -	244

## MEETINGS.

New Jersey Medical Society, at New Brunswick, May 9th  
(Second Tuesday) at 10 o'clock A. M.

District Medical Society of Burlington, at Mount Holly, May  
2, at 10 o'clock A. M.

N. B. The Board of Censors will be in session at Mount Holly  
on the day of meeting.





# THE

## NEW JERSEY MEDICAL REPORTER.

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VOL. I.      FOURTH MONTH, (APRIL,) 1848.      No. 3.

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There having been no meeting of the New Jersey Medical Society since our last issue, we shall devote the space usually allotted to its transactions, to the following Biographical Notices.

SOME ACCOUNT OF JONATHAN JOHNSTONE, M.D., LEWIS JOHNSTONE, M.D., AND ROBERT McKEAN, M.D.

By E. J. MARSH, M.D.

Mr. Editor—The design of publishing in the Reporter, notices of the History of our profession in this State, and Biographical sketches of the eminent men who have adorned and elevated it by their virtue and intelligence, will, I hope, be carried out. Your professional brethren in the different sections of the State, I trust, will assist you by collecting the scattered fragments of Medical History floating around them ; seizing upon the fading traditions of professional skill and eminence in their vicinity ; noting down such personal recollections and professional anecdotes, as may come to their knowledge, and when leisure and materials serve, furnishing you with Memoirs adapted to your pages and purpose. Let us regard it as a sacred duty, due alike to the memories of our departed brethren, and to the honor and dignity of our profession. In this spirit, I send you brief notices of several of the earliest Physicians of East Jersey ; they are necessarily brief, from the very scanty materials in my possession, and for nearly all of which, I am indebted to the MS. notes of Mr. William A. Whitehead, Recording Secretary of the New Jersey Historical

Society, to whose researches Jerseymen are indebted for much curious and valuable information relating to the early settlers and settlement of the State.

John Johnstone, of Edinburgh, was among the first emigrants from Scotland to New Jersey, arriving in 1685. He appears to have resided at different times, both in New York and New Jersey; but in 1721 took up his permanent residence in this state, and established himself in the new city of Perth Amboy, which the fond imaginations of its founders promised would be the future metropolis of this Western world. "His profession," I quote from Mr. Whitehead, "in which he was considered skilful, gave Dr. Johnstone those opportunities which are best calculated to exhibit goodness of heart, where it is possessed, and his charity and estimable character earned for him a special notice by Smith\* in his History, and on his death, the following obituary appeared in the Philadelphia Weekly Mercury.

"Perth Amboy, September 19, 1732. On the 7th inst., died here in the 71st year of his age, Dr. John Johnstone, very much lamented by all who knew him, and to the inexpressible loss of the poor, who were always his particular care." James Alexander, writing to Governor Hunter, a warm friend and admirer of the Doctor, says "Dr. Johnstone died on the 7th inst., spent with age and fatigue in going about to serve those who needed his assistance."

Dr. Johnstone was not only known to his contemporaries as an estimable man, and a skilful Physician, but also was esteemed for his civil services. He served as a member of the Provincial Assembly for thirteen years, during ten of which he was Speaker of the House. He was also one of the Commissioners for settling the boundary between New York and New Jersey, and held at different times, other offices of trust and honor.

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Dr. Lewis Johnstone was the third son of the preceding; he adopted the profession of his father, and as at that period there

\* Smith's History at p. 424, says "He was an early settler in East Jersey: 13 years member of Assembly, and ten of the time, Speaker: he went through several other important offices with reputation. In his practice as a Physician, he was knowing and useful, and did many charitable acts; for the poor were generally the objects of his particular care."—Ed.

were no facilities for acquiring a good literary or professional education in this country, was sent abroad. He spent several years at Leyden, in Holland, at that time the chosen seat of learning and Medical Science, and whither youthful aspirants for the higher honors of literature and philosophy, repaired from all quarters of the globe. Here he received the instructions of some of the first Medical Teachers of the age; Boerhaave, the prince of modern Physicians, was still living; Albinus filled the chair of Anatomy, and Gaubius taught Chemistry. Here he formed intimacies and friendships with many of the distinguished scholars and physicians of the place, some of which he kept up by correspondence after his return home. Dr. Lewis Johnstone is said to have paid particular attention to the Flora of this country, and some interesting letters to him from Gronovius the Botanist, written in the years 1735, 6, 7, and 9, are in the possession of Mr. Whitehead. He established himself at Perth Amboy, and practised there for many years, with the highest reputation for learning and skill; dying at an advanced age in 1773.

*Nec prosunt domino, quae prosunt omnibus, artes.* Tradition reports, that Dr. Johnstone was haughty and austere in his deportment, very particular in his dress, and punctilious in his manners; careful to give emphasis to the *t* and *e* in his name, that he might not be confounded with the ordinary Jonsons of the day.

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Robert McKean is recorded in the Annals of the New Jersey Medical Society, as one of its founders, and its first President. In the year 1763, he was appointed by the Society for Propagating the Gospel in Foreign Parts, Missionary to the city of Perth Amboy; he accordingly took up his residence in that place, and acted both in the capacity of Physician and Clergyman. This union has the sanction of the high example of the Founder of our religion, who, while preaching the Gospel to the poor, also healed the sick; and many Missionaries of recent times, have often found a knowledge of the Medical Art of great service to them, in the fulfilment of the duties of their higher and more important calling. The hours of sickness and sorrow, when the heart is softened, and the thoughts weaned for a time, from the world, afford the best opportunities for religious counsel and instruction. The Physi-

cian will be admitted and listened to, when the Clergyman may be shut out or repulsed. Although the wants and usages of established society require a division of the professions, and the best interests of each are promoted by such an arrangement, yet some knowledge of the Medical Art will often be found useful by the Clergyman, in his ministrations. The Physician, in his daily conflicts with peevishness and pain, and disease, and misery ; in his frequent exposure to danger and death from contagion and infection ; in his manifold trials of body, mind, and spirit, needs other support than earthly motives ; other consolations than worldly gains ; in a strong religious Faith, he has a support for himself, and a power which may often be most happily employed in controlling disease, or when the resources of his art fail, in cheering sufferers, by throwing the light of hope on the passage to the grave. Without strong religious convictions, the Physician, from witnessing so much of the ills of life, is apt to sink into the careless, easy-tempered sensualist, or harden into the cold, scoffing materialist.

Dr. McKean lived but a short time after the formation of the Society ; dying in 1767, at the age of 35 years, leaving behind him an excellent character in both the professions in which he was engaged.

In the epitaph on his tomb-stone, erected by his brother, afterwards Governor of Pennsylvania, he is described as

An unshaken friend ;  
An agreeable companion ;  
A rational Divine ;  
A skilful Physician,  
And in every relation of life,  
A truly benevolent and  
Honest man.

A character which all traditionary accounts agree in representing as no fraternal flattery, but just and true. While the members of our Society may congratulate themselves in having such a man for their first President, may they prove to the world that he is a fair representative of the character of the profession.

Paterson, N. J., March, 1848.

## BIOGRAPHICAL NOTICE OF DR. SAMUEL DICK,

BY QUINTIN GIBBON, M.D.

The subject of the following sketch, Dr. Samuel Dick, enjoyed during his life, a high reputation for professional skill and attainment in this community. His claims to our favorable notice as a scholar, a patriot, and a practical man in the every-day forms of business, were perhaps, surpassed by no individual of his time, in this, his adopted county. Dr. Dick was born November 14, 1740, in Nottingham township, Prince George county, Md. He was the son of the Rev. John Dick, Pastor of the Presbyterian Church in New Castle, Del. At an early age he commenced the study of the languages at the latter place, and under the tuition of President Findley, Governor McKean, and the Rev. Dr. McWhorton, he became an accomplished Classical scholar.

Of his Medical education I have learned nothing certain. But as it was obtained prior to the establishment of the University of Pennsylvania, it was most probably wholly acquired in the office of a neighboring Practitioner; the only mode then practicable for those whose means or inclination did not prompt them to visit Europe.

Before the age of 21 years, he served as Surgeon's mate in General Wolfe's army, during the French war, and was present at the surrender of Quebec. Soon after the close of the French war he came to Salem county, and for some time taught a Classical School in Penn's Neck. He afterwards removed to the town of Salem, and commenced the practice of Medicine, in which he continued, except when occupied in the discharge of his numerous official and political duties, until a few years before his death. Here his Surgical experience, gained while in the army, soon acquired for him a superior reputation for professional skill. His professional life was, however, frequently interrupted by the stirring events of the times. He took an active part in the struggle for our National Independence, and held several offices of trust and responsibility, during that trying period.

He was a member of the Provincial Congress of New Jersey, in 1776, and one of the Committee appointed by that body to draft the Old Constitution of the State. He was also commission-

ed by the same Congress, as Colonel of the State Militia; in which capacity he was for a short time in active service.\* He afterwards served as a member of the Continental Congress, for the years 1783, '84 and '85. In 1780 he was appointed Surrogate of Salem County, by Governor Livingston, who highly esteemed him, both as an officer and a man. He discharged the duties of the latter office for a period of 22 years. He died November 16, 1812, aged 72 years.

Dr. Dick may be cited as one among the many examples afforded by the Medical Profession of men, whose patriotism has prompted them to make large sacrifices of their time and comfort, in the service of their country. The friend and contemporary of the venerable Elmer, like him, he sustained his country in the time of her greatest peril, and at all times remained a firm friend to her best interests. Like him also, in the latter period of his life, he found pleasure in reviewing his early Classical studies; an example worthy of imitation by his brethren of the present day.

Salem, N. J., March 3, 1848.

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WILLIAM FORMAN, M.D.

The following obituary notice of the late William Forman, M.D. of Princeton, has been furnished us by J. S. Schanck, M.D., who attended him in his last illness. We can freely add our testimony to the worth of Dr. Forman; though our acquaintance with him was of short duration, it was such as to make us feel that in him we had a friend. He not only enjoyed the confidence and esteem of the community where he resided, but we believe of the members of the profession by whom he was known. He was an active member of the Medical Society of New Jersey, and served as its President in 1833, and subsequently as a member of the Standing Committee in 1837 and '38. Some of Dr. Forman's views of

\*An anecdote characteristic of the times, is related of him at this period, by an eye witness. While the British regiments were retreating, after the battle of Princeton, some ladies, assembled in a house near by, came out upon the porch to witness the scene; while there, a random shot so shattered the leg of one of the party that amputation was judged necessary—Col. Dick immediately assumed his office of Surgeon, and amputated the limb.

the pathology and treatment of disease were peculiar. He was much interested in the study and management of the diseases of females; and the resolutions which he presented to the State Society in 1846, testify to the zeal which he manifested in searching out the original cause of many obstinate and often incurable maladies, growing out of the Scrofulous diathesis. He was of opinion that Scrofula, and many Spinal diseases had their foundation in a syphilitic taint, existing in the ancestry of those who are afflicted with them: his Resolutions contemplated a premium of one hundred dollars for the best Essay on the subject, to be written either in the English, Latin, or French language.

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"Died in Princeton, N. J., Feb. 22, 1848, Dr. William Forman, aged 51 years and 6 months.

Deceased was a native of New Jersey. He early commenced the study of Medicine with Dr. George Holcombe, of Allentown, Monmouth county; attended the public instruction of the University of Pennsylvania, and afterwards of the College of Physicians and Surgeons, of New York, and graduated at the latter Institution, in 1819.

After practicing his profession for 5 years, in Lancaster county, Pa., he returned to his native county, and settled in Allentown, where he continued in the acceptable and successful discharge of his professional duties till 1836, when he removed to Princeton. Of his career here, (as a biographical sketch is expected from another) it is sufficient at present to say, he had the entire confidence of many of our most intelligent and best citizens. Those who knew him best loved him most, and those who most trusted, were best satisfied with his skill, judgment, and attainments.

Enfeebled by a pulmonary affection, an attack of typhoid fever, with a copious intestinal hæmorrhage, proved more than he could bear. He expired a week after the same disease had cut off his only son.

To a friend, during his sickness, he expressed his faith in the doctrines of the Bible, and added, if it should please God to restore him to health, it was his deliberate determination, publicly to proclaim his faith by a union with the people of God."

## ORIGINAL COMMUNICATIONS.

SOME ACCOUNT OF AN ENDEMIC FEVER AMONG THE  
COLORED POPULATION OF PHILADELPHIA.

BY SILAS S. BROOKS, M. D.

In the capacity of Physician to one of the Charitable Institutions of our city, I have witnessed during the past winter, an endemic fever which prevailed to a considerable extent among the most degraded portion of our colored population, residing principally in the narrow streets and courts of Moyamensing.

The greatest number of cases occurred in the early part of the season, and were the most malignant and rapid in their progress. At present few cases are met with, and these are commonly mild, and terminate favorably.

During a period of four months and a half, I saw 53 cases, 14 of which terminated fatally. Its general type was similar to that of typhus, attended with great hepatic derangement.

The premonitory symptoms were similar to those marking a case of common bilious derangement, succeeded in a few days, by considerable febrile excitement; and this, after a longer or shorter time, by general prostration. In fatal cases this was followed by coma, involuntary stools, &c. which usually terminated in death on the 5th or 12th day.

There was generally more or less abdominal tenderness, especially over the epigastric region; and in many, great pain was felt in this region. Throughout the whole muscular system, much complaint was made of soreness, and in many instances of pain. The bowels were generally constipated; yet in many they were preternaturally loose, and attended with vomiting. Urine scanty and highly colored. The skin was unusually moist at the beginning, cool and dry in the latter stages. The pulse at first, was



from 80 to 100 per minute, but in fatal cases it often became as high as 140. Headache was common, and sometimes intense. The tongue, in the early stage of the disease, was moist, and covered by a white, thick, and pasty furr; afterwards it became brown, dry, swollen and tremulous; and was with difficulty protruded. Thirst was excessive. Conjunctiva in most cases very decidedly yellow. Mental derangement frequently occurred, which sometimes amounted to wild and furious delirium; morbid vigilance was common. The coma, and prostration, with involuntary stools, always proved grave symptoms.

Only one post mortem examination was made by myself, and that was of a boy 7 years old. No lesion was detected; but in the small intestines thirty-eight lunibricoides were found, mostly of full grown size, and some were at least ten inches in length. When the treatment was commenced within the first few days, it was generally successful. The most efficient agents at any stage, appeared to be the blue mass, castor oil, and quinia. Dover's powder or opium, was often combined with the blue mass, on account of the abdominal pain, nausea, and vomiting. As adjuvants and palliatives, sinapisms, cold ablutions, warm fomentations, &c., were employed. As a general rule, the prostration, dry and brown tongue, sordes, and other symptoms that mark a grave case of typhus, did not supervene where the above remedies were early and freely used.

The first alvine dejections after the administration of the medicine, were thin, and of a light color; but after four or five doses of the blue mass and oil, they became dark—almost black, and of greater consistence. From this moment, improvement generally became evident, and a speedy convalescence ensued. It appeared as if there had been an accumulation of fecal matter in the alimentary canal, which acted as a local irritant—an incubus, that held the patient down; and so soon as it could be removed, the oppression ceased, and health and strength returned. The treatment was unsuccessful when the patient became in the least comatose, with prostration and great abdominal pain; notwithstanding recourse was had to cups and blisters, freely applied, over the seat of local congestion, and to wine, quinia, carbonate of ammonia, internally administered. Bleeding from the arm was

practised several times during the prevalence of the fever ; but in general, its effect was to hasten the stage of prostration and its accompaniments. This complaint seemed to commence with the cold weather of last fall, from the same causes apparently, that produce typhus fever; viz : want, and hardships of all kinds, neglect of cleanliness, impure air, &c.

It is well known that these people are peculiarly sensible to the influence of cold ; and they are found thrown together in small and illy-ventilated apartments, with but little fire, and provisions the most scanty and poor. Their bedding consists in many instances, of almost nothing ; rags, old and filthy carpeting, worn out clothing, and such like, thrown upon the floor of a garret, and sometimes upon the ground of the cellar. Their clothing is of course, insufficient, and their habits altogether loathsome, and calculated to engender disease. The only occupation of many of them is, what they call "ragging and boneing." Numbers of them are seen daily, picking from the gutters and sewers of the city, such fragments of clothing, and bones, as they may find, which serve to make up their wardrobes and supply their tables. The marvel is, that there is not more disease and mortality among them.

The principal Physician to the Alms House, Dr. Benedict, appears to think the fever different from the ship or typhus of the emigrants, and is rather inclined to look for some local miasm as the cause. He says, that about two hundred and fifty cases have been brought to his notice at the Alms House, and that the greatest number came from a comparatively small locality, viz : that bounded by Delaware Fifth and Eighth streets, South and Fitzwater streets. The ground in this location is rather low, when compared with many other parts of the city, and is the very spot on which is found the greatest amount of degradation and wretchedness among the colored population.

Drs. Dunott and Ashton, each of whom had about the same number of cases as myself, give their testimony in favor of its being intimately connected with the ship fever of last summer ; that it is the ship fever, modified by the peculiar habits and constitutions of the colored race. Indeed, Dr. Ashton informs me of several cases of ship fever that occurred in his practice last

summer, that strongly resembled the phenomena developed by the subsequent disease among this people.

The whole number of cases, so far as I can learn from various sources, was about five hundred. There appears great uniformity of testimony as to location of most of the cases—that mentioned by Dr. Benedict. The mortality, with my friends above named, does not appear to have been quite so great as my own; this I attribute to their having had a better class of patients, and of course better nursing. At the Alms House, several post mortem examinations were made, but there was, in general, no particular or uniform lesion found. The solid viscera of the abdomen were frequently enlarged, or changed in structure.

Philadelphia, 1848.

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A CASE OF CONSTIPATION,  
SUCCESSFULLY TREATED WITH CROTON OIL.

By SILAS S. BROOKS, M. D.

Lucy —, aged 52 years; sent for the author at about 3 o'clock in the afternoon, of the 23d of 1st Month last—complained of pains, as she expressed it, "all over," and especially in the back; also nausea and occasional vomiting. Pulse was 83 per minute, and nearly natural in force and volume. Had considerable thirst, the tongue brown and slightly furred, the temperature of the skin nearly natural, but dry, some cough, a little soreness on pressure upon the parietes of the thorax, and great epigastric tenderness. Was restless and dispirited. The bowels had not been evacuated for a number of days, and when last open, were quite loose; yet nothing was done to check their action. Had taken several doses of salts, castor oil, injections, &c., without effect. Prescribed four drops of croton oil, made

into four pills with crumbs of bread ; one to be taken hourly, till they operate.

24th, 9 o'clock, A. M. No evacuation of the bowels, pains increased, was restless during the night. Prescribed two scruples of calomel, combined with two grains of opium, to be divided in equal parts, and taken, with an interval of two hours between them. At noon, the same day, no discharge had occurred ; the pain somewhat relieved, otherwise about the same. Prescribed two ounces of epsom salts, with one of senna, to a pint of water ; and directed a teacupful of the infusion to be taken every two hours. Also, large domestic enemata to be administered every two hours.

6 o'clock, P. M. Same as at noon ; the first two doses of salts and senna were retained, but the subsequent ones were rejected. The enemata quickly came away, nearly unchanged in appearance. Pulse slightly quickened. Examined, to ascertain the presence of hernia, but none was found, nor any other cause to prevent the operation of the medicine. Ordered thirty grains of calomel in three powders, one to be taken every hour, also the warm hip bath.

25th, A. M. In the course of the night, a light colored mucous and watery discharge had occurred from the bowels, to the amount of about ten ounces, which seemed to afford partial relief. As she appeared very comfortable, it was thought best to trust to, and watch nature a short time.

5 o'clock, P. M. No more evacuations, the pains began to return, prostration to supervene, the pulse to quicken, and the mouth to exhibit signs of a mercurial influence. Ordered eight drops of croton oil in pills of one drop each ; one to be taken every hour till they operate. Large flannel cloths to be wrung from hot water and laid around her body and extremities, and renewed once or twice as they became cool.

26th, A. M. Very much better ; had three copious alvine discharges of a fecal character, mixed with a good deal of mucous. Took five of the pills before the bowels moved, which was not till after midnight. Pulse was soft, slow, and weak, and she had some appetite. From this time she improved rapidly, and soon recovered her usual health.

Thus, nine drops of croton oil, seventy grains of calomel, two ounces of salts, and one of senna, were taken, and several injections, the warm bath, fomentations, &c., were employed, before relief was obtained. Of these agents, I believe croton oil to have been the most efficacious.

Philadelphia, 1848.

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### CASES OF HÆMORRHAGE FROM THE UMBILICUS.

By ELIAS J. MARSH, M. D.

In the course of my practice, I have met with two fatal cases, and several very slight ones, of a disease not usually noticed in the books of practice which have fallen under my notice. The disease is hæmorrhage from the umbilicus, after the separation of the cord. In the fatal cases of which I speak, compression, astringents, and escharotics were employed, but to no good purpose; in one case, the twisted suture was used by a physician, but with the same result. Local applications, mild and severe, appeared to have no control over the hæmorrhage. In these cases, the skin and conjunctiva assumed a deep icteric hue; it was not the usual *icterus mentarum*, which probably depends upon some change in the condition of the blood in the cutaneous capillaries, but a true jaundice.

I attribute the disease to some obstruction in the liver, which prevents the normal circulation of the blood throughout that viscus, and forces that fluid in a reflux course through the unobliterated umbilical vessels. Acting upon these pathological views, in one or two slight cases of similar hæmorrhage, I have adopted the practice of free purging, with apparent good effect; whether it would answer in the severer forms of the disease, I cannot say, but it may be worth the trial, as local applications are entirely useless. As the disease appears to be of rare occurrence, I have thought that this brief notice may not be without interest to some of your readers.

Paterson, March, 1848.

## HISTORY OF CHLOROFORM.

BY J. B. WARRINER, M. D.

"Honor to whom honor is due."

As some have given credence to the belief that this substance is a recent discovery, I have thought that perhaps a short history of it might be interesting to some of your readers.

All that can be claimed as new about it, is its use for annulling pain in surgical operations. Without deciding positively, who was the first discoverer of this interesting agent, allow me to extract a few paragraphs from an article published in Silliman's Journal of Science for 1832, and written by Samuel Guthrie, of Sackett's Harbor, N. Y., then a young man, and self taught, who certainly deserves the credit of contributing to the discovery of the present improved mode of preparing the article. But, before I proceed, I will quote from Silliman's Elements of Chemistry, the passage which Mr. Guthrie says, first directed his attention to the subject, it is as follows: Article on Chloric Ether, (as it was then called.)

"Properties.—Resembles an oil; color yellowish, but white when purified; sinks in water in distinct globules, which readily run together. Specific gravity at  $45^{\circ}$  1. 22. By much agitation, is diffused in the water and partially dissolved, imparting to the water its own peculiar taste, which is sweetish, aromatic, and agreeable. Taken internally, it is stimulating and reviving.

"This ether is usually formed by mingling equal volumes of Chlorine and Olefiant Gas, both of which are speedily condensed into the fluid form, but the process is troublesome, as only a small volume of fluid is obtained from a large volume of the Gases.

"I have suggested that it might prove a valuable medicine."  
"I am not aware, however, that this trial had been any where made, and probably the subject would have still slumbered, had it not been for the very ingenious, and as far as I know, the original process of Mr. Guthrie." (Professor Silliman, 1832.)

Mr. Guthrie directs as follows:

"Into a clean copper still, put three pounds of chloride of lime, and two gallons of well flavored alcohol, specific gravity .844, and

distil. — If more chloride of lime be used, the ethereal product will be increased; nor is it necessary that the proof of the spirits should be very high, but I have commonly used the above proportions and proof, and have every reason to be satisfied with them. — By re-distilling from carbonate of potash, the product is concentrated and refined."

"This ether may be entirely, or very nearly so, separated from alcohol, by repeated rectifications from muriate of lime; (chloride of calcium) it may thus be brought to the specific gravity of 1.44, but I have found no agent for that purpose, comparable with strong sulphuric acid. Distilled off sulphuric acid, it has a specific gravity of 1.486, or a little greater, and may then be regarded as free from alcohol; and if a little sulphuric acid, which sometimes contaminates it, be removed by washing it with a strong solution of carbonate of potash, it may then be regarded as absolutely pure. In this state it boils at 160°, has a specific gravity of 1.486; at 60° is extremely volatile, diffuses upon the tongue and fauces, a powerful ethereal odor, and excites to an intense degree, its peculiar scent and aromatic taste."

Let me here give Prof. Simpson's receipt for preparing the chloroform.

Take 26lbs. 9oz. 4dr. 20grs. of chloride of lime, dilute it carefully with 160lbs. 9oz. 2dr. of water, fill a brass still up to two-thirds only, with the calcareous milk which results from this combination; add 5lbs. 4oz. 2dr. of alcohol—distil. The product is chloroform mixed with alcohol and tainted with a little chlorine. The chloroform is separated by decantation, and washed with water, then with a weak solution of carbonate of potash: add chloride of calcium (muriate of lime,) and distil by means of a water bath. M. Sonberian thinks that for medical use, it is superfluous to rectify anew, by sulphuric acid. We can here see that the two processes only differ by the addition of water to the chloride of lime, before adding the alcohol. They both make the same product. It is chloroform which results from either.

Mr. Gurthrie adds :

"During the last six months, a great number of persons have drunk of this ether in my laboratory, not only very freely, but frequently to the point of intoxication; and so far as I have observed, it has appeared to be singularly grateful both to the palate and stomach, producing promptly, a lively flow of animal spirits and consequent loquacity; and leaving after its operation, little of that depression consequent on the use of ardent spirits.

"From the invariably agreeable effects of it on persons in health, and the deliciousness of its flavor, it would seem to promise much as a remedy in cases requiring a safe, quick, energetic, and palatable stimulus. For drinking, it requires an equal bulk of water."



Mr. Guthrie sent a quantity of this ether to Prof. Eli Ives, of New Haven, that he might test its virtue as a remedial agent. Also, to Dr. Nathan B. Ives, the Professor's son.

The following is Prof. Eli Ives's statement.

"Dear Sir—I have witnessed the effect of the ether with which you were so kind as to furnish me, and in some instances where you had furnished individuals who wished to try its effect. I have given it to a female sixty years of age, who had been subject to severe paroxysms of pain in the chest, and difficulty of breathing, called asthma. The paroxysm for which I gave the ether, was thought more severe than any she had had before; she took the remedies as she had ordinarily taken them, previous to the use of the ether, without very obvious effect. The ether was given in doses of half a teaspoonful, once in two hours, for twelve hours. It was given in the course of the night, and in the morning the patient was very much relieved; more suddenly than she had been in any previous illness of the kind. The patient and the friends, attributed the speedy and effectual relief to the ether. It appeared to me, that the ether was the efficient article that had produced the relief.

"Mr. D. W. with pulmonic disease, has inhaled the ether to obviate general debility and difficult respiration. The article has been effectual to obviate those symptoms; its immediate effect, besides giving relief, is that of giving a pleasant sensation. I have given the ether to children in the ulcerated sore throat. A child of Mr. P. was attacked with ulcerated sore throat (called scarlet fever; Rosalia of Dr. Good;) this child died on the fifth day. This child took no ether, indeed, it was so deranged that it was difficult to administer any medicines. A brother of the same child, attacked with similar disease, had deep ulcers in the throat, and high fever, with derangement. The ether was given every two hours, in doses of thirty drops, diluted with an ounce of water; the child was at all times ready to take this medicine, and it was continued until the fever abated. The child began to mend after the fifth day. The ether was thought to allay the irritation in the nervous system, abate the heat of the skin, and to have a good effect upon the ulcers in the throat. This patient recovered very rapidly.

"I have given the ether in several other cases of scarlet fever, in cases of adults, giving it in doses of a teaspoonful, diluted with water. I have been pleased with the operation of this ether; it is diffusible in its action, like the other ethers, and has this advantage over them, that it is always grateful. I have known no child refuse it. Yours &c.

E. IVES."

January 2d, 1832.



N. B. "The last vial you furnished me, I gave to a female fifty years of age who has been affected with paroxysms of asthma for more than twenty years. I have seen the patient but once since the medicine was given, when she was evidently better, and said she thought the medicine had done her good. I have used the ether for spasmodic cough, and am so much satisfied with the beneficial effect of the remedy in such cases, that I shall use it more extensively as soon as I shall be able to furnish myself with a quantity of it. E. I."

Statement of Dr. N. B. Ives.

"Dear Sir—I have been much pleased with the effects of the "chloric ether" with which I was favored through your kindness. The first case in which I administered it, was in that of Mr. Coffing, who was severely ill with atonic quinsey—he was unable to swallow. The ether was injected by means of a syringe, with the happiest effect. After using the syringe he was able to swallow, and took the same article internally, with benefit. I have also witnessed its beneficial effect in pneumonic cases.

Respectfully yours,

NATHAN B. IVES."

By the above extract we perceive that this very chloroform was made by a young man at Sackett's Harbor, N. Y., and used by Prof. Ives in New Haven sixteen years ago, and what seems remarkable, it was made by so similar a process. The report of the Drs. Ives corroborates what I have seen in the few trials I have known, of it being used as an internal remedy. I have taken it but once in my own case, and that was for sick headache. I took fifteen drops in some water which relieved my head at once: also in one case of dismenorrhea, it seemed to relieve the pain speedily. The patient was subject to very severe pain during every return of her menses, and generally took camphor to relieve it; but she expressed herself as being more speedily and effectually relieved by the ether, than ever she had been by the camphor. Her case was called by her physician, a neuralgia of the uterus.

## CAMPHINE.

Mr. Guthrie writes, dated May 8, 1831. "One year ago, I discovered a process by which much resin was abstracted from oil of turpentine after it had been re-distilled from water. The oil of turpentine I send you is pine, or nearly so, and is I think, an article of considerable importance. It dissolves singly caoutchouc, and the solution dries rapidly, and does not continue sticky like the solution made with common oil of turpentine. Mixed with alcohol, it burns in a lamp without leaving small resinous points upon the wick, or causing those scintillations observable in the flame when common oil of turpentine is used."

This is the compound now used as burning fluid; it has been called patent; three years ago it was thought to be a recent discovery, but by the above extract from Silliman's Journal, it will be perceived that Mr. Guthrie prepared and used the article eighteen years since.

Mr. Guthrie tells of two processes which he has made use of for purifying oil of turpentine, as follows, "Take sulphuric acid and water, equal weight, mix, and when cold add a quantity of it to a quantity of oil of turpentine, and agitate thoroughly: let the acid subside, and decant the clear spirits. Repeat the operation until the acid subsides without being discolored. The oil of turpentine thus prepared, (with warmth and a strong solar light) is, as I believe, a perfect solvent of caoutchouc. This process is somewhat troublesome and expensive, and after a great number of fruitless trials with various articles, I found that the alkalies and alkaline earths, especially lime, would attack resin, but not pure oil of turpentine. On distilling oil of turpentine from caustic lime and water, I found a great deal of resin remaining in the still. I likewise found by the sulphuric acid test, that the oil was pure: hence, the resin was an adventitious body."

Thus we can learn from the twenty-first volume of Silliman's Journal, that Mr. Guthrie made camphine eighteen years ago, as well as burning fluid.

I do not know why chloroform was not more used as a remedial agent, unless the great expense of procuring it prohibited, at the time Prof. Ives used it. It would seem to promise much, as being one among the nervous stimulants of the materia medica; at the same time one of the most agreeable.

Burlington, April 1848.

## CLINICAL OBSERVATIONS.

BY THE EDITOR.

## SINGULAR CASE OF SWELLING OF THE NECK.

J. A., a gentleman of robust constitution, aged forty-two, had four teeth filled by a dentist in Philadelphia. On his return home the following day, he exposed himself imprudently to the cold, pursued his business as usual, and at night was seized with chilliness and stiff-neck. On the second day following, I was summoned to visit him. Found the whole anterior portion of the neck considerably swelled, indurated, and somewhat tender upon pressure. The tumor occupied a space from the chin to the sternum, and extended laterally on the upper portion, to within about an inch of the angle of the inferior maxillary bone, forming an irregular triangle with its apex at the upper part of the sternum. When exposed to view, my first impression was that it was a Bronchocele, but the history of the case, convinced me that it could not be so. The thyroid, the sub-maxillary, and the sub-lingual glands were all extensively tumefied—so that the patient could not protrude his tongue beyond his teeth—spoke indistinctly, and experienced difficulty in deglutition. A saline cathartic was immediately prepared, which, after much effort was swallowed. Forty leeches were applied to the swelling, and followed by a plaster of Cantharides. The blister was dressed with warm poultices, and discharged very freely. It was followed by some abatement of the pain, but there continued a great degree of tension of the muscles and integuments; and every attempt to swallow was attended with much suffering. The Cathartic operated freely upon the bowels, and was repeated when necessary, in the subsequent treatment of the case. The blistered surface healed in a few days, the plaster of Cantharides was re applied, and warm bread and milk poultices continued as before. This treatment was persevered in for ten days; the difficulty in swallowing not being in the least diminished until the tenth day, when a copious discharge occurred internally, from the middle portion of the tumour, which, of course admitted a freer passage

into the stomach. Up to this period, the patient was unable to lie down, owing to the pressure and weight of the diseased portion upon the trachea. He sat most of the time in his easy chair, and could only swallow thin liquids. His breath being offensive, and mouth very unpleasant to himself, a cleansing gargle was recommended. To use this he would fill the mouth, stand up, hold fast to the bed post, and with the utmost exertion, was enabled to wash out the mouth and pharynx. On the twelfth day, a copious evacuation of muco-purulent matter issued from one side of the mouth; as nearly as I could ascertain, from the excretory duct, (Whorton's) communicating with the sub-maxillary gland; and on the following day, a similar discharge occurred on the opposite side. There still remained, however, a good deal of tenderness, and the poultices were continued, with a view of keeping up the suppurative process, until entire relief should be obtained. Of course, the discharges were followed by much relief, and diminution of the swelling. Three weeks passed by, and the patient became *impatient* to resume his business—though there still existed a slight induration of the parts around the walls of the trachea, and particularly in front. There was also a disagreeable traction of the muscles in every effort at deglutition. This was very readily seen when the neck was uncovered, particularly in the action of the depressers of the os-hyoides, and larynx. The patient was now directed to anoint the part with ung: Iodin: comp: diluted with lard. He could not endure however, more than two or three applications, and he preferred looking after his business, keeping his neck well protected with a scarf, and anointing occasionally with opodeldoc. In a week after this, I was called to see him again—the soreness and swelling had increased, and the parts were very much indurated. Some cotton was now wet with equal portions of Granville's lotion and whiskey, and applied to the part, with a view of exciting speedy counter irritation. In a few minutes the skin was very much reddened, and in one or two places vesication had occurred. Warm bread and water, and bread and milk poultices were continued, and there were evident marks of suppuration apparent in a few days. The tumor soon began to point, just in front of the larynx, and in a few days more, was opened with an abscess lancet. The discharge was profuse, and gave immediate relief. It was

kept up for several days, and the opening healed. The suppurative process continued, and a discharge again occurred, without the use of the lancet. The surrounding induration yielded, and the patient convalesced rapidly. He is now able to go out and pursue his business. The constitution of course suffered in some degree, from the demand made upon it to carry on the suppurative inflammation, while the avenue from which it derives its supplies was obstructed, and the patient lost several pounds in weight. The pulse, during the attack, was irritable and feeble; the alvine evacuations mostly regular, and natural in appearance, and the appetite usually good. Animal broth and other nourishing liquids were allowed; but the pain attendant upon deglutition prevented their free employment. The disease was supposed to be purely local in its origin, and was treated as such. The general system showing no marks of disturbance until the local symptoms, had become developed. What has rendered this case a peculiar one, seems to me to be the fact of its sudden approach and rapid progress. Some surgical writers notice a disease called hydro-bronchocele, or hydrocele of the neck, which is described as an encysted tumor, gradual in its formation, involving the thyroid body, and the surrounding parts. It is cured in the same manner as hydrocele of the scrotum, by puncture and stimulating injections into its cavity. In the instance described, the tumor increased in forty-eight hours, to a degree sufficient to interfere with the normal functions of the parts it involved, soon gave evidence of fluctuation, and discharge from three distinct openings during the first attack, and subsequently during the relapse, suppurated again, and was evacuated externally. Up to the time when the patient returned from Philadelphia, and felt a stiff neck and chilliness on the evening of the same day, he had never had any swelling of the neck, or disease of the throat, having uniformly enjoyed good health for a series of years. About a year since, I saw a case of hydro-bronchocele under the care of a physician in an adjoining neighborhood, which was "tapped," and I believe finally cured by puncture and injection. Its appearance was very different from the one described above. It was a distinct, circumscribed regular tumor, and involved principally the region of the thyroid gland; neither did it materially interfere with deglutition or respiration.

CASE OF ABSCESS NEAR THE AXILLA—TERMINATING WITH PROFUSE  
HEMORRHAGE.

I was requested to see a little girl four years old, with pain in her left arm. The upper third of the arm was very tender upon pressure, but without any external evidence of inflammation. Upon taking hold of the limb and attempting to move it, the child would scream vehemently. The arm was held near to the side, the fore-arm thrown across the epigastrium, and the shoulder depressed, as in fracture of the collar bone. I could discover no evidence of fracture or dislocation. Rest and saturnine lotions were ordered. In three or four days a little redness appeared about an inch and a half below the axilla, under the arm. Poulitices were directed—the child became pale and wan—laid in its cradle and took but little nourishment. The whole of the upper part of the limb became inflamed, and at the point where the first red spot appeared it began to soften: fluctuation was very apparent, and I was urged by the mother to open it. This I declined doing, without assigning any reason, and indeed, without having any, except a disinclination to do so. Soon after leaving the house I began to reflect whether I should not have done so, knowing that it would be followed by relief to my little patient. I hesitated, and was almost ready to turn back, to comply with the reasonable request of the mother. On my visit the next morning, the mother accosted me thus: "Doctor, you must lance this place, indeed you must." It was examined thoroughly, and was evidently fit to open. I had left my case at home, and could not do it. The child suffered intensely, and the mother had been nearly worn out with twelve days of watching and anxiety. The poulitices were continued, anodynes were administered, and nourishing food directed. In the afternoon I was sent for in great haste. Not being at home at the time, I did not receive the message for an hour after it was left. On my return I went to the little sufferer; she lay pale, cold, and nearly pulseless, from excessive hæmorrhage. The abscess had broken, and when the discharge occurred, as the mother states, she attempted to raise her arm, and the blood jetted out in a stream, several feet across the room. Pressure was made above the orifice with the finger, the applications all re-

moved, the arm made bare, and covered again with towels wet with cold water. Brandy and chicken broth were administered, but the stomach rejected them. Resort was then had to injections of beef tea, and sinapisms to the extremities. Carb. ammon. in emuls: amy gdal: was administered, and retained. The pulse rose a little, and after tone was restored in some measure to the stomach, brandy and water were freely given. I deemed it useless to attempt to secure the artery as the screams and struggles of the child might have increased the hæmorrhage, and as the orifice was too small to enter with the tenaculum or needle, without a further division. Reliance was placed on the cold affusions, and perfect rest—they were sufficient. By pursuing this plan for several days, re-action was restored, and the patient is now recovering. Much thick and offensive matter was thrown off from the tumour, and continues to some extent at this time. The swelling has entirely subsided, and there remains an inability to extend the fore-arm from contraction of the biceps muscle, the radial tendon of which rises distinctly into the bend of the arm, when the extensor muscles attempt to act. The substance of the biceps muscle, and the coats of some one of the important branches of the brachial artery must have been embraced within the sphere of the suppurative action, and suffered a dissolution during its progress, in order to give rise to the results which followed. Had the abscess been penetrated by the lancet, the hæmorrhage would no doubt have been attributed to its use; and had the patient died, the reflections of the operator must certainly have been very unsatisfactory.



## FRACTURE OF THE CERVIX-FEMORIS.

HISTORY OF A FATAL CASE, AND ITS POST-MORTEM APPEARANCES;  
AND OF A CASE WHICH TERMINATED FAVOURABLY.

By N. W. CONDIT, M. D.

I propose to lay before you the history of two cases of fracture of the cervix-femoris; one of which, by the death of the patient, afforded an opportunity to verify its exact character. The other, though not equally ascertained in this respect, is one of interest, on account of its favourable result, under circumstances of a discouraging nature. Fractures of this bone, occurring wholly within the capsule of the joint, it is stoutly maintained by many distinguished physicians of the present day, are never re-united by ossification, because of the small quantity of blood received by the head of the bone, (being only that which comes by the vessels of the round ligament,) or at least, that no case is yet recorded where such bony union is demonstrated by dissection. Captain J. B., aged over eighty years, in ascending a flight of steps from the ground to his house, missed his footing and fell with a few sticks of wood he was carrying, down three or four steps to the ground. He rose without difficulty, and walked a short distance, when he was suddenly disabled from proceeding further, by acute pain seizing him suddenly at the hip joint of the left side. He was assisted by some members of his family to a bed, but could only lie with comfort upon his back. He was of large stature, about five feet ten or eleven inches in height, weighing probably one hundred and eighty pounds, though not corpulent. I saw him about four hours after the accident, and afterwards with my father, Dr. Lewis Condit, when he complained only of pain at the groin upon motion of the left leg. There was no displacement in any way, its position and length corresponded perfectly with the other limb. No crepitation could be heard upon rotating the limb, though in truth, on account of the suffering produced by it, but little effort was made to produce it. The manner in which



the patient fell, his age, and the fragile state of bones incident to advanced life, rendered it almost certain that the neck of the femur was fractured, while the state of the limb, and the fact that he could not step upon it, made it probable that the fracture was within the capsular ligament. The treatment consisted in applying to the pelvis, a cushion lined with doe-skin, fitting it accurately, and of width sufficient to cover the ossa-femoris for two inches below the trochanters. This greatly relieved the pain at the joint, which had been excruciating upon every movement of the body. The knee was placed in a semiflexed position, supported by pillows, and an evaporating lotion applied to the groin and upper part of the thigh. At the end of four or five days the limb was perceptibly shortened. Desault's splint was applied, but removed in a few days by the patient, and no persuasion could prevail to obtain his consent to any means for keeping the limb in situ, though various expedients were resorted to. For two or three weeks it continued to become shorter, until it measured half an inch less than the other. It being the month of May, and certain that if he lived, he must be confined to his bed through the hot weather, he was placed upon a mattress on one of Wooley's bedsteads, which is so contrived that the position can be changed from sitting to horizontal, or fixed at any angle desired, without moving the limb; the lower part of the bed may be raised or depressed in the same way, and the bowels evacuated without moving. The pain at the acetabulum gradually abated and was succeeded about a fortnight after the accident, by great soreness at the ankle joint and at the tendo-achilles, and although great care was taken to remove pressure from the part, this distressing symptom continued even to the last, to give him great annoyance, so that he groaned from agony whenever subjected to the least motion. He remained in this state, with but little variation through the summer, being comfortable when left quiet, but unable to get off his back, by reason of the state of the ankle joint. In September it became evident that his constitution was to sink under the protracted confinement, and he began to complain of tenderness of the sacrum. Efforts were made to prevent it, but ulcers formed there, and towards the end of October diarrhœa came on, and soon becoming unmanageable, he died early in November.

But little emaciation had taken place. No examination was made of any other part than the diseased limb. The ankle exhibited no mark of diseased action, by which the pain so long complained of, could be accounted for; there was neither stiffness, thickening of the part, nor increased vascularity. The muscles and all the structure about the cervix-femoris were more pale than usual, and scarcely gave out any blood upon being cut into. The capsular ligament was entire, giving no appearance of having been lacerated, its texture was somewhat thickened. The ligamentum-teres was in a state of vascularity, which gave it about the colour of the muscles around the joint, though it retained its wonted firmness and strength. The acetabulum was normal in appearance. The neck of the femur was shortened, and on opening the capsule the fracture was discovered wholly within it. The head of the bone had been broken across transversely, exactly at its point of union with the neck, and about two lines from the bony edge of the acetabulum. The ridge characteristic of the seat of fracture had been thrown out, and the re-union was firm for rather more than three-quarters of the circumference of the bone. The limb having been drawn up by the contraction of the muscles, a considerable angle was formed by the head and neck at their point of juncture, but they were as firmly united by osseous formation as if they had never been separated. On the upper side, where the fractured edges were not in apposition, union was not yet complete, but ossification was going on upon all the broken surface, and had the patient lived a few months, would doubtless have been perfected. Could the state of the injured part have been by any means ascertained, and had not the condition of the ankle forbidden it, the patient I think might safely have walked; there was sufficient firmness at the fracture for the limb to have contributed its share of support to the trunk. From a fear lest some accident should befall the specimen in handling it, I left it with a mechanic to have the head protected by a covering of wire. He placed it for safe-keeping in a desk in his room, belonging to another man, who removing the desk in his absence, threw out the bone, supposing it to be of no value, and though diligent search was made, it was not recovered. I had the preparation in my possession for two or three years, and during that time it was

shown to many members of the profession, who expressed but one opinion, that it was a case in which a *complete fracture entirely within the capsule was re-united by ossification.*

Before offering any remarks upon the subject generally, permit me to give the history of another case which has occurred recently, and which there is reason to believe is similar in its character to that of Captain B.

Mrs. W., of New York, somewhat past fifty years of age, on the 14th of January last, fell, striking the trochanter, of the left thigh upon the edge of a wooden step in a her yard. She was instantly sensible of acute pain at the spot, and also in the groin. She was unable to walk, but was carried into the house and advice procured, but it was not supposed that any injury existed, other than contusion.

Five weeks had elapsed when I saw her, but such was the tenderness of the parts that no thorough examination was attempted, until leeching once or twice repeated, had been premised. Upon strongly rotating the limb at this time, crepitation was at once very distinct. There was however no displacement, no shortening, nor indeed any thing to indicate its condition, unless attempts at motion were made. The patient could lie in no other position than upon the back, and movement in any degree was so painful that with the added fatigue from lying in one posture, she passed her nights almost without sleep. So much suffering was created by the attempt, that but little pains were taken to ascertain, or even to form any very definite opinion as to the exact point at which the fracture had been made. With the approbation of Dr. Hoffman, who at my request visited the patient with me, a broad bandage made of linen, unyielding in its texture, cut to the form, and of breadth sufficient to cover the pelvis, and extending two inches below the trochanters, and fastened by buckles over the right groin, was applied, and made as tight as could conveniently be borne. The limb was placed in a semiflexed position both at the knee and hip joints, and the bed so arranged that attention to the calls of nature did not disturb its posture. The patient was informed that there was reason to fear that union might not take place at all, and that even if it should, it might be by ligament only, and that the shortening from absorption of the broken sur-

faces would doubtless be very considerable. With a full understanding of the uncertainty of the result, she submitted patiently to the confinement for nine weeks. The support given by the bandage greatly diminished the amount of suffering, and with the aid of a few drops of morphia, sleep was procured. In about a week the limb was found to be shortened, and the foot somewhat everted. A stocking was made of the same material with the bandage upon the pelvis, with a ring in the sole of the shoe part of it, and lacing up at the side. This was lashed fast to the foot-board of a long splint, and counter-extension made from the perineum after Desault's method, sufficient to keep the limb from shortening more than one sixth of an inch; a greater force than this being forbidden by the irritable state of the constitution, and the pain produced by its application. The limb being thus secured, she was permitted to raise her shoulders by means of a cord from the ceiling, the other foot resting against a firm foot-board; this contributed to relieve the tediousness of the confinement.

At the end of nine weeks we had the very great satisfaction to find not only that no crepitation could be produced, but that very considerable weight could be sustained without inconvenience. The soft parts enveloping the joints had nearly parted with their morbid tenderness, and with the aid of crutches she moved about with tolerable facility. The anasarca state of the limb upon the first use of it gave some trouble, but this was relieved by the free use of the dash of cold salt water, bandaging having failed to give any relief. She can at this time, (seven months from the commencement of treatment,) bear nearly all the weight of the body in walking without crutches, and would doubtless do it entirely but for an unfortunate fall about four months since, from the lame foot being caught in the carpet, in which the knee joint sustained a severe contusion and is yet lame, though now daily improving. The injured leg is one fourth of an inch shorter than the other, and the toe somewhat everted, but she is able to move with facility in every direction, and no reasonable doubts can be entertained that with a little more time the cure will be perfect.

We of course, are not at liberty to assume that this case is one of the same character with the former, nor is it introduced for the purpose of strengthening the conclusion drawn from that, as to the

resources of nature. It appears to me however, to demonstrate the expediency of making an attempt to effect a cure in cases of even a most unpromising kind; for a case less promising than these two is seldom brought to our notice. From the resemblance of the two cases both at the time they were first seen, and during the time they were under treatment, I am strongly inclined to believe that in both, the state of fracture was the same. In both cases the displacement did not take place for some time after the accident, and when it did, it was about equal in kind and degree. As soon as the parts were at rest, nature, as if a sentient principle, set about repairing the breach. To keep the bones in apposition, I conceive the bandage upon the pelvis contributed more than any other part of the treatment.

From an examination of such writers upon surgery as are within my reach, there seems much contrariety of opinion as to the possibility of re-union by bone, taking place in this species of fracture. The French surgeons generally, are satisfied from specimens in their cabinets, that it does occasionally happen. Mr. Amesbury and Mr. Guthrie, of London, are of the same opinion; but Sir Astley Cooper, and Mr. Colles, of Dublin, who have both given special attention to this point, maintain that all the specimens yet shown to them, are either cases of incomplete fracture, or in others, that it extended so far down as to be covered by the capsule in some measure. Still, while great names are ranged in opposition as to the possibility of the case, all agree that such is its unfrequency that it can never be made a ground for favourable prognosis. So firm indeed are many in this opinion, and among them Sir Astley Cooper, that when satisfied that a fracture is near the head of the bone, the patient is consigned to hopeless lameness, and rest after the second week is not enjoined; but the patient is permitted to hobble about, as a false joint is thought inevitable. Knowing what we do of the resources of nature, is it justifiable to abandon such cases without making a trial of all the means which promise to be of any avail in constitutions of vigour, adequate to enduring the necessary confinement? Mercurial action has been found to be productive of the healing of fractures, although we have been in the habit of considering it as a specific in promoting absorption. Our ignorance of its *modus*

*operandi* is of course not to be urged against its use, as it would bring a fearful proscription upon the *materia medica*. Though through the *ligamentum-teres* is the only connection the head of the bone retains with the vascular system, yet in this case, that was in appearance more like muscle, owing probably to an enlargement, and perhaps multiplication of its vessels for the purpose of performing its part in repairing the breach which had been made. Beside this, do we know that much more vascular action is requisite to the formation of bone, than to the formation of *calus* which is the usual termination in this case. Nor can we be certain that even the lower end of bone alone may not be competent to effect a restoration, provided nothing interferes with the process set up by nature.

But I forbear further remarks, and would gladly abridge what is already written, but on a review it seems to me, that any material curtailment would render the whole obscure, and confused, if not quite unintelligible.

Morristown, 1848.

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New York, re-published by Richard and George S. Wood  
No. 261 Pearl Street.

We have received the first number of this work, and esteem it as one of the most valuable among the many medical periodicals of the times. It purports to give an outline of the doings of the profession abroad, and to review such foreign publications, as may be placed in the hands of its contributors. It is a quarterly of 284 pages, and is re-issued by its enterprising publishers in this country, at three dollars per annum. We observe under the head of "Analytical and Critical Reviews," some notices of a work issued by E. A. Parkes, M. D., on the treatment of the Asiatic or Algide Cholera, and another entitled "The Cholera not to be arrested by quarantine," &c. by Gavin Milroy, M. D.; both issued from the London press within the last year. And as the present is a time when the profession of this country, and the community generally are fully awake to the threatening of a re-visitation of this terrific scourge, we shall draw upon the pages of the "Review" for some hints upon this subject, which may be profitable to our readers, and will give in Dr. Milroy's own words a brief history of its most recent appearance in the East.

"After having been quiescent during the winter of 1845-6, it broke out with extreme severity in the following May at Teheran, carrying off as many as 500 a day, for several weeks, and reducing the population of that town by at least 20,000 souls. The description given of the cases, shows the extreme malignity of the epidemic:—'those who were attacked, dropped suddenly down in a state of lethargy, and, at the end of two or three hours, expired, without any convulsions or vomiting, but from a complete stagnation of the blood, to which no remedies could restore its circulation.'

"Now it is a fact full of interest to the medical inquirer, that, at the very time when this work of devastation was going on in the north of Persia, there took place at Kurrachee, near the mouth



of the Indus, that terrific outburst of the pestilence, which, in the course of a few days, swept off upwards of 8000 victims. The description that has been given by an eye-witness of the scene, is so full of fearful and instructive interest, as regards some of the most striking characters of pestilential visitations, that we cannot withhold a brief account of its leading particulars. The heat had been intense during the first fortnight in June, but the station remained tolerably healthy. On the 13th, a Sunday, the atmosphere was more than usually stagnant and oppressive; one correspondent, who was present, says; 'the very heavens seemed drawn down upon our shoulders; the feeling was suffocating.' A dark portentous-looking cloud crept up the sky as the troops were proceeding to church, and a sudden burst of wind threatened the buildings. It passed away almost as speedily as it came, and when the worshippers retired, the air was as still as when they assembled. At the same hour did the pestilence appear. Before midnight, nine soldiers of the 86th regiment were dead; and men began to be brought into the hospital in such numbers that it was difficult to make arrangements for their reception. It was a fearful night. With morning, came the tidings that the pestilence was overspreading the town, and that fifty persons had already fallen victims to its deadly poison. How awful must have been the rapidity of the attack, when we learn that sometimes, within little more than five minutes, hale and hearty men were seized, cramped, collapsed, and dead! The only thing we can compare it to, is the deadly effect of a serpent's venom. Men, attending the burials of their comrades, were attacked, carried to the hospital, and themselves buried the next morning. Pits were dug in the churchyard, morning and evening; sown up in their beddings and coffinless, the dead were laid side by side, one service read over all! For the next five days, it raged with appalling fury; it then abated in its intensity, but continued to hover around the place for about another week. Within less than a fortnight, 900 Europeans, including 815 fighting men, were swept away. Besides these, 600 native soldiers, and 7000 of the camp followers and inhabitants of the town had been hurried into eternity! What must have been the scene of desolation, and the sickening pollution of the air after such a visitation, when nearly 9000 bodies were festering under the ground beneath a tropical sun!

"Altogether, this comparatively insulated eruption at Kurra-chee, while the head-quarters, so to speak, of the pestilence were in the north of Persia, presents an instance very analogous to that of the equally dreadful invasion of the disease in the camp of the Marquis of Hastings, in Nov. 1817, not long after the first appearance of the great epidemic in the delta of the Ganges. The same idea is naturally suggested by both, viz. that the cause of the malady was something altogether independent of infectious communication, and must have existed in the atmosphere."



The drift of the work appears to be, to establish the opinion that Asiatic Cholera is not infectious—that its existence is owing to a malarious atmosphere, and its propagation dependent upon a diffusion of the malaria, and not upon human communication. The author observes a strong analogy between the progress of Cholera and Influenza, and believes that the propagation of the latter is just as much dependent upon infection as the former, and that as influenza is attributed by all, to a peculiar atmospheric influence, so cholera is owing to a modification of the same cause, particularly as there is a striking concomitance in the origin and course of the two epidemics, though he believes that there may be a limited propagation by infection, where the constitution is somewhat impaired by the epidemic influence. He further adverts to the fact, that prior to the appearance of the cholera, it has frequently been preceded by choleroïd attacks, resembling in degree the disease itself, and dependent upon a milder malaria; hence it is inferred, that if this non-infectious doctrine be true, no quarantine regulations will affect the progress of that disease, but that it is the duty of the authorities to institute such sanitary measures in domestic and civil life, as are best calculated to promote the general health, and thus endeavour to prevent a predisposition in the constitution to the destructive influence of the malaria.

Dr. Parkes has made very elaborate investigations into the condition of the blood, in cholera, and has availed himself of the recent discoveries which organic chemistry has developed in regard to the vital fluid, in order to enlighten his judgment as to the true pathology of the disease, and he employs the term *algide*, as descriptive of the diminution of animal heat, or the collapse, which forms such a remarkable and prominent symptom in the history of the disease, and he believes the changes in the respiratory functions, which grow out of this alteration in the blood, constitute the chief and distinctive symptoms of the malady. He gives the result of his observations in forty-six fatal cases of the disease, thirty-nine of which died in the collapsed stage, and the remainder during the subsequent febrile affections. He found in the head, an accumulation of blood in the veins of the dura and pia-mater—in the lungs, the most common appearance was the presence of blood in the large vessels, deficient crepitation,

arising from the loss of air and blood, and from approximation of the molecules of the pulmonary substance; the right side of the heart was generally filled, sometimes distended, and the left side with the aorta, usually empty, and the blood itself was found to be deficient in fibrine, or a great tendency to the separation of this ingredient, red particles sometimes partly dissolved in the serum, and sometimes much altered in figure and appearance. The constancy of these post-mortem appearances, led Dr. Parkes to the following conclusion.

“As, therefore, the mechanical part of respiration is perfect, and as there is no impairment in the voluntary command of the respiratory muscles, and as the heart evidently beats in many cases till stopped by the want of blood on the left side, and by its accumulation on the right side, we are compelled to look for the cause of such arrest of the circulation in the only remaining element of respiration; namely, in the blood itself.”

Much more minute notices of the condition of the circulating fluid are to be found in the review, but as our time and space will not admit of very extended remarks, we shall pass on to some considerations on the condition of the discharges from the alimentary canal; the “rice-water stools” as they are usually called, which occur in this disease, are supposed by Dr. Parkes to consist in part, of the water and salts of the blood, mixed with a proteine constituent.

“That the greater part of the proteine constituent consists of fibrine, also appears probable; but albumen is undoubtedly sometimes present, as proved by the coagulability of the thin fluid; in other cases, if this ingredient be present, it seems to have assumed the insoluble form immediately after being poured into the canal.

“Referring now to the state of the blood as already described, it is impossible to avoid connecting these two observations together;—that whereas the blood was generally deficient in its power of coagulation, or was altogether destitute of this property, or in other cases separated the fibrine more readily than usual,—so in the intestinal canal a substance was found, which presented many of the physical and chemical qualities belonging to the ingredient which appeared to be wanting in the blood.”

The symptoms of the disease are next treated of in their order, and are divided into two groups; first, those derived from lesions of the circulation and respiration, and which are called by way of distinction, the algid group; and secondly, the abdominal symp-

toms of vomiting, purging, and the dependent spasms: these groups of symptoms are supposed to be entirely independent of each other, both growing out of a common cause. The algide symptoms according to Dr. Parkes, constitute the disease, hence its pathology is found in the lesions of the circulation and respiration, and the treatment must be directed to the cure of these particular lesions: "in proportion to them, is the malignity and rapidity of the case; they afford the only measure of its severity, and from them only, can a correct prognosis be formed." The abdominal symptoms, cramps, &c., are attributed to the irritation produced in the intestinal canal, by the presence of an adventitious fluid, and hence are considered as "reflex spasms." We consider the work before us a valuable addition to our medical literature. It places in our possession, at a small expense, an outline of the opinions of some of the most eminent men of Great Britain; of their mode of practice, and the pathological views upon which it is founded.

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*The nineteenth Annual Report of the Inspectors of the Eastern State Penitentiary of the State of Pennsylvania. Transmitted to the Senate and House of Representatives, March, 1848.*

It is only within a few years that the Medical public have been possessed of any thing like accurate reports of the sanitary condition of prisons. And as the interest in the subject of prison discipline increases, they are becoming every year more important, and are more eagerly sought for by the physician and philanthropist. The relative merits of the two systems known as the "separate" and "congregate," is now undergoing a searching scrutiny from those who have devoted much attention to the subject, both in this country and in Europe. It is therefore with peculiar pleasure that we have received the report before us, which contains a short, but clear and candid exposition of the condition of the Penitentiary, by Robert A. Given, M. D., the medical officer. It appears from this report, that the total mortality

for 1847, has been nine, including one suicide, while the average population in the prison has been two hundred and ninety-four, the average number of white persons has been two hundred and fifteen, with only two deaths, while the average number of colored persons has been seventy-nine, with six deaths. This frightful disproportion in the mortality of the two classes in *separate* prisons, has frequently been the subject of remark by medical men, and it is high time that the attention of the public authorities in those states where the separate system prevails, should be aroused to the fact. If the chances of life in those predisposed to a strumous habit of body are so greatly endangered, as is represented by the report, it is certainly time that some means should be adopted to arrest this disproportionate fatality. It appears to us that there should be such a modification of this system, as to allow those persons whose health is evidently impaired by close confinement, to engage in the more active employments which prevail in congregate prisons, thus securing more exercise in the open air, and giving to the mind a freedom to engage in its own reflections, without being harassed by physical ailments. We have also in the report before us, a table furnished by Dr. Given, showing "the cases of insanity that occurred in the Eastern Penitentiary in the year 1847." These are ten in number. From the heading of the table, we infer that these cases originated in the institution, and were not taken there for want of an asylum for the insane. If so, it appears to us a discouraging fact as to the success of the system of Pennsylvania. In New Jersey, where the system of separation is at present carried out in a modified form, insanity appeared to an alarming extent in the early history of the State Prison at Trenton; and if we remember rightly, the intelligent physician of that institution, Dr. Coleman, checked it by means of careful and judicious association. The principle was not strictly adhered to where it was found to impair the health of either mind or body. Wherever there was a tendency to insanity, or to any physical disease which demanded for its cure or alleviation, a departure from the usual course of confinement, the philanthropy of the inspectors allowed such modifications in individual cases, as the judgment of their medical counsellor directed. Where solitude has a tendency to induce melancholy, or to bring

on any other form of insanity, or where it may affect the general health, and be the remote or exciting cause of bodily disease, we believe it should be avoided as far as it can be. Insanity in a prison, should be treated as insanity in an asylum, so far as architectural arrangements and convenience will allow. Consumption in a prison, should be treated as consumption in a hospital, and the patient should be allowed exercise in the fresh air; and all the hygienic remedies so salutary and comforting to the doomed victim, should certainly be made available for his relief.

The following extract from Dr. Given's report, would seem to indicate his belief that both mortality and insanity might be diminished by proper means.

"When speaking of the physical health, I stated my belief that by proper sanitary regulations the mortality could be reduced very greatly, without the slightest encroachment on the principles of separation, and now, as regards the mental health, I repeat the same conviction with even greater confidence in its truth, and if possible, a more earnest desire to see the necessary measures put in immediate operation."

If this be so, why, in the name of humanity, are not these "necessary measures" instituted! While it is the right of society to punish men for crime, we have no right to make ourselves criminals by blotting out the light of reason from the soul, or by wasting the powers of the body in *unconditional* confinement. Let the "necessary measures" that are needed for this reform, be speedily adopted.

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*Report of the Pennsylvania Hospital for the Insane, for the year 1847.* By THOMAS S. KIRKBRIDE, M. D. Physician to the Institution.

We have been in the habit for several years past, of receiving Dr. Kirkbride's reports, and always read them with interest, but we do not recollect to have seen one so replete with valuable suggestions, at that now before us. We shall notice it very briefly. The usual statistical information is furnished in the report, by which we learn that during the past year four hundred and one

patients have been under care in the institution, and that one hundred and eleven of these have been discharged cured. It is also stated that the number of patients received, and the number discharged cured, have regularly increased every year, with a single exception, since the opening of the institution: the various improvements about the building and grounds are detailed, and among them is a description and plan of a cottage, detached from the main edifice, which has been erected for the purpose of testing the value of separate treatment of such persons whose mental disorders are so slight, that they feel themselves unwilling to submit to the ordinary discipline of the wards, and yet are desirous of being benefitted by Hospital treatment. The cottage is like a private residence in its appearance, and is divided into convenient and handsomely furnished apartments. Dr. Kirkbride is of opinion that a few such buildings would add to the usefulness of the institution. In addition to the various employments and amusements, a course of instructive lectures embracing various branches of science, have been delivered by Dr. John Curwen, the assistant physician. These lectures were instituted a few years ago, by Dr. Curwen, and have been continued since that time with entire satisfaction to the managers and patients. The course extends through six months of the year, and the total number of lectures given during the last year, has been fifty. We believe, to Dr. Curwen is due the credit of carrying out this system of instruction (which is regarded as an important moral agent in the cure of the insane) more thoroughly than it has been done in any other institution in this country. To us, however, the most interesting part of the report is to be found in the enlightened views of its author, as expressed under the head of "Provisions for the habitually intemperate." We make the following extracts.

"Where real insanity is the result of intemperance, a Hospital for the insane is unquestionably the proper place for the victim of this wide-spread vice, and when mania-a-potu—which ought never to be received into an institution for the insane,—terminates in insanity, as it occasionally does, the same destination is then proper for the wretched sufferer, whose case is likely to be of long standing, and the recovery always doubtful.

"An uncontrollable fondness for, and indulgence in, ardent spirits or other stimulants, with the usual results of such a course, are occasionally only symptoms of insanity, coming in the pro-

gress of the case, often in individuals of the most correct habits, who had never before manifested such a propensity, and disappearing as the other symptoms of insanity are removed. In these individuals, of course, this peculiarity offers no reason for interfering with the ordinary disposition of such cases.

"There are, however, other and quite numerous classes of habitual drinkers, who are not suitable subjects for a Hospital for the insane, but for whom some special provision should be made on their own account, and still more for the sake of their families and friends, and for the peace and quiet of the community.

"One of these classes is composed of individuals whose intemperance leads to acts of outrage against society, and brings grief and terror into quiet families, with ruin to their worldly prospects, but who seem to care little for reformation, and for whose acts insanity cannot be pleaded as an excuse. The seclusion of these persons brings temporary improvement, but nothing more, and if allowed, they would, for limited periods, be frequently found in our Hospitals for the insane, for admission into which they clearly can have no just claim."

The impropriety of admitting persons of the latter class into an insane Asylum, is manifest; the effect of associating those whom the law regards as criminals, with the objects of disease and misfortune, is not only injurious to the insane, but promises no permanent good to the inebriate. Some other provision should be made for these, and for a still more unfortunate class, which we believe is more numerous than is generally supposed. How often do we find men, amiable in their dispositions, with well cultivated minds, and liberal means, encircled by all the domestic and moral associations, calculated to promote enjoyment and happiness, and yet who have the unconquered appetite for stimulating drink to contend with, without the power of resisting its demands. We believe there are many who are anxious to refrain from this pernicious practice, who require to be placed under a system of medical and moral treatment, that can only be made available by some judicious arrangements sanctioned and sustained by law. We have thought much upon this subject, and are glad to find it taken hold of by one whose judgment and influence command so much respect as the author of the "report." We conclude our observations upon this subject by one more extract.

"For all these different cases some provision should be made, a retreat provided, where those who are anxious to reform should be surrounded by every influence likely to second their good in-



tentions, and where society would be protected from those, who, with little care for the result, are not only ruining themselves, but destroying every good prospect of their families. The detention should be legalized, and not terminated but upon a proper medical or judicial investigation, and not regulated in any respect by the wishes of the patient or his friends.

"Such an institution should be under the direction of a well educated and judicious physician, who should treat his patients as laboring under disease; and with kindness and firmness, a combination of medical and moral means, there is little doubt but that many good citizens would be annually restored to society; and where permanent reformation was found to be impracticable, individuals would be kept from habitual debasement, their families saved from ruin, and society protected from violence and disorder. It is a field for labor worthy of the active benevolence of the age."

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*Principles and Practice of Surgery, by the late George M'Clellan, M. D.; Edited by his son, JOHN H. B. M'CLELLAN, M. D. pp. 432. Philadelphia, Grigg, Elliot & Co., No. 14 North Fourth street.*

The late hour at which we have received the above work, will prevent an extended notice of its contents. The distinguished position which the author long held as a teacher and as an operative surgeon, led us to expect a valuable work from his hands. In this we have not been disappointed. There is in the volume before us, ample evidence of the intellectual power, and of the profound learning of the writer. His thoughts are not common place, not a mere repetition of the sentiments of others, but he writes as "one having authority"—as one who has had ample experience of the things which he communicates to others. Hence the work of Dr. M'Clellan is not a mere compilation, but an original, philosophical treatise on Surgery; replete with valuable practical information. The first hundred pages are occupied with the consideration of "the immediate effects of injuries upon the system"—including a graphic description of nervous shock, reaction, and the various forms and degrees of subsequent irritation. Then follows a discussion of the doctrines of inflammation, covering a large



portion of the remaining chapters under this head. The modern distinctions of capillary hyperemia, active and passive congestion, &c., were in the opinion of our author, perfectly understood by John Hunter. He says:

"Now all these points were fully and admirably treated of by the illustrious Hunter, under the heads of 'union by first intention,' and 'union by adhesive inflammation.' We should scarcely do justice to the memory of that great man, were we to omit crediting to him every sound physiological and pathological view in regard to these subjects, which has since been entertained by our profession. Neither new forms of arrangement, nor altered names, can hide or even overcloud the profound and luminous ideas which were first developed in the great work on the Blood, Inflammation, and Gun-shot Wounds. As these processes, when they occur in connection with injuries, appear to favour the reparation of such injuries, and afterwards terminate, under proper treatment, in a speedy resolution, they were characteristically denominated by him *healthy* inflammations. The irritation often passes however, into a higher form of excitement, and then it exhibits a more durable and perverted mode of action. In this condition the nervous sensibility is not merely augmented, but it becomes decisively morbid and unremitting, so that every kind of impression, from internal as well as external causes, becomes distressing. The capillaries are still further dilated,\* even paralyzed, the heat increases to a higher degree, the redness is more intense, and the tumefaction rises. In short, the four diagnostic symptoms of Celsus, '*calor, dolor, tumor, rubor*,' are all associated, and then the morbid state termed by all surgeons inflammation, exists."

Nor does Dr. M'Clellan conceive that the modern doctrine of inflammation introduced by Bichat and the general anatomists, is any improvement upon the original views of Hunter. He thus expresses himself on this point:

"The doctrine of some of the general anatomists, that the different forms or theories of inflammation depend wholly upon the organization of the tissues, in which they occur, is altogether too refined and exclusive for our approbation. We shall everywhere admit, that the disease is morbid by the peculiarities of texture, both in its local and sympathetic manifestations; but it always presents the same general characters in whatever part it occurs, and one and the same tissue is frequently found to exhibit very different forms of inflammatory action. The mucous membranes will under one form of this disease increase their natural exhalations and secretions in a slightly altered state, at another time

\* Hunter conceived that this was done by "an action of dilatation."

they will throw off genuine pus either with or without ulceration; sometimes their inflammations will terminate in hæmorrhage, and at others by an effusion of coagulating lymph into the interstices, which will produce a thickening or stricture of the part, or upon the free surface in the form of a loose and polypus-like exudation. The serous membranes, although still more simple in their texture, are liable to almost as great a diversity of modes of inflammatory action. They commonly exhale the plastic fibrin, and terminate by a speedy adhesion to the opposite surfaces, which circumscribes the disease to a small space around the injured part. Frequently, however, not a particle of fibrin is exhaled, and then the inflammation is rapidly diffused throughout the whole membrane, by continuous sympathy, like a spreading erysipelas, and speedily destroys life. This tissue often exhales a serous fluid loaded with broken flakes of coagulated and unorganized fibrin, and distends the cavity either locally into a circumscribed abscess, or generally into a dropsy. Sometimes it ulcerates under inflammation, and occasionally it becomes encrusted with a false and only partially organized membrane. The skin is notoriously liable to a great variety of inflammations, many of which cannot be accounted for by the peculiarity of the individual portion of it which is affected. But we need not occupy more time to prove a self-evident proposition. In the progress of our observations, we shall everywhere see, that other circumstances modify the character of inflammation, besides the conditions of structure."

The author has devoted seventy-seven pages to the consideration of syphilis, and has presented a lucid and admirable description of the various forms of this malady. We regret that we cannot follow him through these interesting descriptions, which have recently attracted so large a share of attention from surgical writers. The circumstances under which the author deems it proper to administer or to withhold mercury are fully stated, and the various controverted points connected with this interesting disease are treated in his characteristic style. The last one hundred and twenty pages are occupied with the description of morbid growths; including the various forms of malignant and non-malignant tumors. Many of the interesting cases and operations which have given the author so much distinction as an operator, are here detailed, and illustrated by well executed wood cuts.

In closing the work at this point, the reader has to regret that so many interesting subjects have been left untouched, and that a writer who has shown himself eminently qualified to communicate

valuable instruction, in a style at once clear, lucid and concise, should have been so suddenly arrested by the hand of death, in the midst of a work, which, while it would have added greatly to his reputation, would have conferred an important benefit upon the medical profession of our country.

The volume is got up in most excellent taste by the enterprising publishers, and the Editor has conferred a favour upon the profession, by rescuing from oblivion, and arranging in proper order manuscripts, which, but for his interference, might have been lost to the public.

Dr. M'Clellan's death has occurred since our last issue, and it is fitting here, that as we pass from a hasty notice of his work, we should pause to refer to the circumstances of his demise. He was in the fifty-first year of his age, and had suffered for a year or more with a chronic disease, which was afterwards discovered to have its seat in the mucous coat of the bowels. The immediate cause of his sudden death was attributed to "an ulcerated opening, a few inches below the sigmoid flexure of the colon,"\* which was revealed by a post-mortem investigation. He visited his patients as usual the day before his death, and was unexpectedly called away, mourned by his family, and regretted by a large circle of friends. As a surgeon Dr. M'Clellan's reputation extended "far and wide." Early in his career he performed some of the most important capital operations, and his subsequent history as an operator was characterized by unusual adroitness and rapidity. Ophthalmic surgery, syphilis, and lithotomy were branches of the science to which he paid special attention, and for the cure of which he gained a special reputation. The value of his experience, and the soundness of his judgment, are well attested by his "Principles and Practice of Surgery."

\* Memoir of Dr. M'Clellan, by W. Darrach, M. D.

*Summary of the Transactions of the College of Physicians of Philadelphia, from December 1847, to March 1848, inclusive.*

The last number of the Transactions of the College of Physicians of Philadelphia, contains as usual, much interesting matter, and we refer to it particularly at this time, to invite the attention of our readers to an address to the medical profession of Pennsylvania, on the importance of a registration of births, marriages, and deaths, which was prepared by a committee of the College, and is issued to the medical public through their organ. In our Eclectic Department will be found the New Jersey Registration bill, passed last winter, and as it will go into operation in a few weeks from the present time, physicians should be prepared to answer questions as to its utility, which will be propounded by the people: already has the slight expense which the bill imposes upon the State, been objected to, and it may lead many to find fault with the law, unless there are some good reasons urged for sustaining it. Hence we copy from the report before us, the following extract.

"It has been correctly regarded as one of the greatest benefits conferred by a system of Registration, that it settles the nativity of every citizen with such certainty, that his claims for property coming to him by descent can never be defeated, when founded in justice—but the same system furnishes, with equal accuracy, a statement of the degree of every one's predisposition to disease, whenever the malady of which his ancestors died is susceptible of being inherited, and in this manner contributes largely to illustrate the subject of mortal hereditary diseases.

"A record of births and marriages, also, by permitting the investigator to trace up the genealogy of a family and its collaterals, through several generations, would aid materially in determining the influence of consanguinity, constitutional peculiarities, social condition, &c., upon the procreative faculty, and the hereditary transmission of disease. It would furnish data for determining whether large families, the issue of early marriages, really increase the productive power of the State in proportion to their numbers, or, in other words, whether, as a general rule, a numerous progeny is consistent with a high degree of physical and mental vigour. Finally, it would show the good or evil consequences of disparity of years in the parties contracting marriage.

"In the best systems now employed, a registration of deaths shows, not only the total mortality occurring in a given population, but the cause destroying life in every case, and, consequently becomes a precious record to the physician, and when interpreted by him, an instrument of incalculable good to the Commonwealth. The aggregate annual mortality of our population, is now unknown, and the proportions of it due to different causes cannot even be conjectured. Little is known of the forms of disease which prevail in various parts of the State, and still less of the relative mortality occurring in cities, towns, and villages, rural districts, and particular localities, and of that affecting persons of different ages, sexes, and social conditions. Nor is any more accurate information possessed in regard to the modifying influences exerted by epidemics upon the average mortality of different places and those of transitory medical constitutions upon ordinary diseases. But if a proper record of deaths were kept, it would show, that in certain places, and amongst certain classes of people, the mortality is either greater or less than that affecting the community at large, and would often lead to a successful inquiry into the causes which operate injuriously upon one place or class, and those which confer upon others a comparative immunity. It needs no argument to show that such a record would, also, when illustrated by strictly medical reports, do more to establish the laws of epidemic and endemic diseases, and medical constitutions, than has ever been accomplished by the industry of individuals.

"Several of the foregoing propositions are drawn from the experience of other countries in registration. It appears from the report of the commissioners presented to the British Parliament, in 1845, that the statements made in successive reports of the Registrar-General, of excessive mortality occurring in various places, had induced many persons to search out its causes. These inquiries resulted in the removal of cess-pools, and accumulations of putrid substances, in the digging of sewers, &c. The commissioners state, that in Manchester, after paving and draining in twenty streets, there was such an amelioration in the health of the improved district, that but ninety deaths annually took place, where one hundred and ten occurred before.

"Not unfrequently the received opinion of the healthfulness of a place has been directly contradicted by the evidence of registration. In this connexion, the case of Liverpool is remarkable. The rapid increase of that great commercial mart was formerly attributed, amongst other things, to the salubrity of the air; but it is now ascertained, that at all periods of life, the chances of living in Liverpool, are actually less than in any other known place of equal population. Comparing it with Surrey, a rural district of England, "it appears that while a child, at birth, has a chance of living forty-five years in Surrey, it has a chance of living only twenty-five in Liverpool."

"There is too much reason for apprehending that Americans err greatly in their estimate of the healthfulness of this country. It has been calculated that while the average age of the whole living population of the United States is 22 years and 2 months, that of all living in England and Wales is 26 years and 7 months. It has also been shown, that while but about 56 per cent. of the population of the United States survive the age of 15, and 4 per cent. only that of 60,—nearly 64 per cent. of the population of England survive the former, and more than 7 per cent. the latter age. These statistical results and common observation mutually confirm one another. European travellers in this country wonder that so few old persons are to be met with, and Americans abroad are surprised at seeing so many persons advanced in life, engaging still in active pursuits, and retaining the cheerfulness and vigour of middle age.

"It is not possible that the mortality amongst the well-fed and well-clothed inhabitants of this country should so much exceed that of the comparatively wretched masses of the English people, or that so few amongst the former should survive the labours of active life to guide and counsel their descendants, unless there were some radical error in our habits of living, or some peculiarly noxious influences of a more general kind, were acting upon the population. Some of these evil habits and influences may, indeed, be conjectured, and their malign effects in particular cases be averted, but until the results of Registration demonstrate their existence and character upon a large scale, the people will not be induced to believe them real, or take pains to escape from them. It is well known that there is a large sacrifice of human life in this country from the careless or reckless management of public conveyances, manufactories, &c., but its actual amount has never yet been ascertained. Yet no one can doubt that if every case of death by accident were reported, with its attendant circumstances, and annually published by the government, attention would speedily be drawn to the evil, and effectual means taken to mitigate it. What is true of this particular case, is no less so of many others, and is in principle applicable to all in which the cause of mortality is in any degree removable.

"The degree of mortality in ordinary diseases depends chiefly upon two circumstances,—the condition of the patient, and his treatment. If, therefore, it is found that deaths from certain diseases are especially frequent amongst persons of certain ages, constitutions, habits, &c., or in certain trades, professions, situations, &c., the causes of this susceptibility may be discovered, and perhaps removed. In like manner, if it is found that a given disease is more fatal in one section of country where a particular treatment is employed, than in another where a different method is pursued, the discovery would suggest an alteration of the practice adopted in the former place, as well as an inquiry into all the

circumstances concerned in bringing about the unfavourable result. Many other examples of the manner in which a complete system of Registration may be employed in solving medical problems might here be adduced, but a simple consideration of the various facts developed by such a system, will naturally suggest them to every reflecting mind."

The Quarterly Summary, also contains a lengthy report on meteorology and epidemics, read by Dr. J. W. Moore, in which is found a table of observations on the wind and weather, the state of the thermometer, barometer, &c., for the year 1847, with remarks upon the prevailing diseases of the season, among which are mentioned dysentery, scarletina, and typhus fever. This report is worthy of a much more extended notice, but the space allotted to our Bibliographical department is already consumed.



## NEW JERSEY MEDICAL REPORTER.

BURLINGTON, FOURTH MONTH, (APRIL,) 1848.

## OBITUARY NOTICES.

As a journalist it becomes our duty to record the death of such physicians and surgeons as are generally known to the profession, and a notice of whose career may be both interesting and instructive. In addition to the brief sketch of Dr. George McClellan at p. 211, we have here to refer to the fact that two more distinguished members of the medical profession in Philadelphia have passed away since our last number was issued; and to furnish our readers with a brief outline of their professional history; for the facts of which we are indebted to a Philadelphia correspondent.

*Death of Thomas T. Hewson, M. D.*

Dr. Hewson died on the 19th of 2d month, (February) last, in the seventy-sixth year of his age. He was the son of the celebrated Dr. Hewson, of London—one of the ablest physiologists of his time, and the author of a voluminous and ingenious work upon the blood. Possessing in early life rare opportunities for acquiring medical knowledge in the great metropolis of the world, the younger Hewson did not fail to avail himself of them, and although deprived of the aid of his distinguished father, who died while he was very young, he had the benefit of converse and instruction from some of the ablest physicians of London. He came to this country under the patronage of Dr. Franklin, and was for a time a member of his family in Philadelphia.

He entered upon the practice of medicine in Philadelphia, somewhere about the year 1798, and became the friend and contemporary of Rush, Wistar, Barton, Griffiths, James, Physick, Parrish, Otto, and others of the same class, who were among the founders and active supporters of the College of Physicians, and Medical



Department of the University of Pennsylvania. He outlived all of these, being one of the last of that noble band of men, who laid the foundation of the medical character of Philadelphia.

Although Dr. Hewson was never connected with a medical school as a teacher, he occupied the equally important position of surgeon, first to the Alms House Hospital, and subsequently to the Pennsylvania Hospital, in both of which situations he was frequently called upon to give clinical instruction, and to perform important surgical operations. He was also at one time, President of the Board of Health, and a Delegate from the College of Physicians of Philadelphia, to the first Convention, held in Washington, for framing the United States Pharmacopœa. At the time of his death Dr. Hewson was President of the College of Physicians—one of the most honorable positions in which he could be placed, and which he held by the unanimous voice of his medical brethren.

In all these varied situations, Dr. Hewson was distinguished for the urbanity of his demeanor, and for the fidelity and punctuality with which he discharged the duties imposed upon him. Always at his post, he never avoided the labours which were assigned him; being willing to work with the youngest and most inexperienced in those concerns where his aid was considered important.

Like many of the eminent American physicians and surgeons of the past half century, Dr. Hewson has left behind him but few memorials of his talents and experience. His published papers, scattered through the pages of the medical periodicals, though short and appearing at long intervals, exhibit the learning and discrimination of the author, and are possessed of great practical interest. Perhaps his most valuable contributions to medical science will be found in the reports on Meteorology and Epidemics, annually presented to the College of Physicians, for many years past. These reports embrace an accurate statement of the state of the thermometer and barometer, of the rain, storms, &c. &c., occurring within the year—with the prevalent diseases, epidemics, &c., of the different seasons, and the deaths as reported by the Board of Health, for the City and County of Philadelphia. In this department Dr. Hewson was pre-eminent, and the result of his labours as embodied in the reports of this committee exhibit a model in this sort of investigation well worthy of imitation.

As a practitioner of medicine and surgery, Dr. Hewson was distinguished for sound discrimination and caution in his diagnosis, and for his extensive knowledge of the resources of the medical art. He was thoroughly conversant with *Materia Medica* and Pharmacy, and kept himself informed of the improvements which are constantly making in the applicability of remedial agents to disease. Unlike many of the veterans of the old school, he was actively alive to the improvements unfolded in the march of discovery, and laborious in investigating their real merits. Few men combined in a greater degree the learning and knowledge of the past, with the acute observation of passing events. In the later period of his life the counsel of Dr. Hewson was frequently sought by the younger members of the profession in difficult cases, and in no man was their confidence more fully established. In consultation he was a strict observer of all the forms and rules of propriety adapted to these occasions; punctual in his appointments, frank and decided in the expression of his opinions, but never overbearing and self-opinionated. So strict was he in observing the rules of propriety in his intercourse with his medical brethren, that he was looked to by common consent, as an arbiter in all matters of professional etiquette.

He has left to the younger members of the profession a bright example of virtue, probity, and unwavering devotion to the interests of the medical calling, to which they may well aspire. To have been in active practice for more than half a century, and to have sustained during this whole period the character of an eminent and able physician, and then to pass away from the stage of action surrounded by a new generation who had grown up around him, and looked up to him with a profound respect, is a destiny which rarely falls to the lot of the physician.

The College of Physicians at a recent meeting passed the following resolutions in relation to this event, and appointed Dr. Franklin Bache to prepare a biographical memoir of the deceased. From the high character of his biographer we have no doubt that ample justice will be done to the memory of this estimable physician—

*Resolved*, That it was with profound regret the College learned the melancholy fact of the decease of their late revered President, Thomas T. Hewson, M. D.

*Resolved*, That the demise of this gentleman, who was not less distinguished by his attainments in medicine, in literature, and in science generally, than by the amenity of his disposition, the urbanity of his manners, and the uprightness of his entire life, is an event deeply to be deplored by the members of this institution, with which he was connected during forty-six years, and over whose deliberations he presided for the last twelve years.

*Resolved*, That a Fellow of the College be appointed to prepare a memoir of our late President, to be read before the College.

*Resolved*, That a committee be appointed to prepare a letter expressive of the condolence of this College with the family of the deceased.

Signed:

CHARLES D. MEIGS,  
HENRY BOND,  
D. FRANCIS CONDIE.

On motion, it was *Resolved*, That Dr. Franklin Bache, be requested to prepare and read before the Fellows of the College at his earliest convenience a memoir of our late lamented President, Dr. Thomas T. Hewson.

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*Death of Jacob Randolph, M. D.*

Died, on the 29th of 2nd mo. (February,) Dr. Jacob Randolph, Professor of Clinical Surgery in the University of Pennsylvania; one of the Surgeons of Pennsylvania Hospital.

Dr. Randolph's private career as a surgeon and clinical teacher commenced with his election to the post of surgeon to the Pennsylvania Hospital, as successor to Dr. Hewson, in the year 1835. Having enjoyed the advantage of intimate intercourse with his father-in-law, Dr. P. S. Physick, during the latter part of the life of that eminent surgeon, Dr. Randolph's mind was well stored with that kind of knowledge which can not be derived from books alone. Participating in the thoughts and actions of the distinguished masters of our art, the mind becomes, as it were, insensibly directed into the same channel, and to some extent, moulded into the same character. This intercourse, it is believed, contributed in no small degree, in fitting Dr. Randolph for the high responsibilities which he afterwards assumed, and in the discharge of which he sustained himself with so much ability. Although not originally educated for a physician, his success in the profession of his choice, fully justified the wisdom of his selection, and he was acknowledged among the most distinguished surgeons of the

country, and at the time of his death was exercising a wide influence in this department of science. Though a bold and fearless operator, he was cautious in the formation of his opinions, and never rushed into difficult or dangerous procedures without urgent necessity, or without having first counted the cost. As a clinical teacher Dr. Randolph was eminently *practical*. Without being eloquent or flowery in his style, he expressed himself with great clearness and fluency, seizing the important points of a subject and enforcing them with a distinctness and conciseness which imparted great value to his instructions. There was no attempt at a display of learning, no laboured analyses of the intricate details of the subject in hand, but a plain straight-forward, practical statement of his own views, based upon observation and experience. Dr. Randolph was especially distinguished for the zeal and industry with which he took up the new operation of lithotomy, and for the unrivalled success with which he practised it. His fame as a lithotomist was rapidly extending over the country, and he was resorted to from all parts of the Union, for the performance of this difficult and delicate operation. At the time of his death he was in the fifty-second year of his age, and in the height of a useful and honourable career, and his demise is most sensibly felt by a large circle of friends. The following resolutions relative to the death of Dr. R. were adopted by the College of Physicians of Philadelphia:

*Resolved*, That the College of Physicians deeply deplore the loss it has sustained by the demise of its late Fellow, Dr. Jacob Randolph, whose attainments, practical abilities, and worth, placed him in a position of merited eminence in our profession.

*Resolved*, That the condolence of the College be offered to the family of the deceased in their bereavement, and that a copy of these resolutions be forwarded to them as a mark of the respect in which he was held by his brother practitioners.

*Resolved*, That a Fellow of the College be appointed to prepare a biographical account of the deceased, to be read before the College and deposited among its archives.

Signed:

GEORGE W. NORRIS.

JOHN BELL,

F. BACHE.

On motion, it was *Resolved*, That Dr. Norris be requested to prepare a biographical notice of the late Dr. Randolph to be read before the College.

*Death of John S. Conduct, M. D.*

We take from the Trenton State Gazette of the 6th instant, the following notice of the death of another distinguished physician—Dr. John S. Conduct, of Hudson County, New Jersey:

We regret to hear of the sudden death of Dr. John S. Conduct, of Hudson County, yesterday morning, of erysipelas in the head. This intelligence will be received with sorrow by many persons in this State by whom the deceased was respected and beloved. He was an amiable courteous and educated gentleman, of much intelligence, rare kindness of heart and great rectitude.

Dr. Conduct was the first representative of the County of Hudson in the House of Assembly. He was thence transferred to the Senate, and continued there until the fall of 1843. At home he filled many places of trust and usefulness. Possessed of a large fortune, and being always ready to do services to others, he was charged with many duties of no importance to himself but of consequence to the community in which he lived. He attended to them all industriously, and discharged them with the utmost fidelity. Of sterling integrity, he never courted popularity; and grew in the esteem of his fellow men only by his independent, yet amiable zeal to do right. Such men are rare in every community and when they die, they leave a blank not soon filled.

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**COLLODION.**

This is the name of a new adhesive plaster recently introduced into surgical practice by the profession of Boston. It is a solution of gun-cotton in pure sulphuric ether. That cotton may be rendered soluble by ether, was originally demonstrated by Professor Shonbein, the discoverer of its explosive property, when subjected to the joint action of nitric and sulphuric acids, in definite proportions. It was afterwards employed as a varnish, by Dr. Charles T. Jackson, and S. L. Bigelow, of Boston, and by the latter gentleman, we believe it was first used as an adhesive application to wounds, where union by the first intention was desired. It may be applied by means of a camel's hair pencil to the surface surrounding the wound, and a piece of muslin drawn tight-

ly over the part, with the effect of keeping the edges in contact, for a much longer time (it is asserted) than by the ordinary method; it not being affected by moisture. Where the incision is slight, and the edges readily approximated, it is said that a thick coating of the article over the wound, and for some distance around it, will, by its strong adhesive property, keep the parts in apposition without the use of a bandage, till their continuity is entirely restored. If it should be desirable to watch the process of healing, the cut may be covered with a thin and transparent substance, as oiled silk, or tissue paper, and be at all times exposed to view, without removing the dressings.

It is cheap, and may be conveniently carried in a small vial. We have used it in the case of a deep incised wound several inches in length, and found it to answer the same purpose as the common sticking plaster. It is suggested that it may be successfully applied to leech-bites, burns, excoriations, chilblains, sore nipples, &c. In such cases it may be used in the same manner as a liniment, its adhesive property being developed, as its ethereal particles evaporate on exposure to the air. It is further recommended as a means of rendering paste-board splints impervious to moisture, or as a substitute for starch and dextrine in imparting firmness to bandages applied to a fractured limb. It may be obtained we presume, of most of the druggists, and is well worthy of a trial.

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#### THE ENSUING ANNUAL MEETING.

In a few weeks the Annual Meeting of the New Jersey Medical Society will be held at New Brunswick. At that meeting, the District Societies will be represented: let the delegates be instructed as to the opinions and wishes of the members of the profession in their respective neighbourhoods, upon the important questions to be laid before them. It will be recollected that last year the "subject of licensing candidates" was referred to a committee, with instructions to report at the approaching meeting. This appointment arose from the fact that there existed a difference of opinion among the censors in a certain section of the State,

as to the requirements of the by-laws in this matter. It is desirable that unanimity should mark whatever movement may be made in its behalf, and we trust that the delegates will allow their interest in it to be awakened beforehand, that the Society may act promptly and judiciously.

Another interesting enquiry submitted by the Standing Committee, was, whether members of the Society may "maintain professional intercourse" with those "*licensed* practitioners" who have abandoned the system which they were licensed to practice, but who still hold the diploma granted them by the Medical Society, as a cloak for their empiricism; thus being, so far as their *authority* is concerned, legal physicians, but recreant in their practice to the principles of sound medical philosophy. This, together with the question how far members of our Society "may humour the prejudices of their patients and their friends in favour of false systems of practice," will likewise form the subject of a report of a special committee. It is probable also that our delegates to the National Medical Association will have returned from Baltimore, by the time of the Annual Meeting, which, with the important objects noticed above, will make it an occasion of unusual interest.

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#### BIOGRAPHICAL RECORDS.

We are happy to find that the suggestion we made in the last number of the Reporter, upon the subject of a biography of New Jersey Physicians has been heeded by correspondents in both ends of the State. We trust that still further researches may be made, and that the names and services of many worthy physicians who have now gone to their final rest, may be rescued from oblivion, for the benefit of their successors. There is no class in the community who live more for others, and who are more spent in the constant work of active, though it may be, unnoticed benevolence, than physicians; and none who endure more toil, hardship, and privation, with so little recompense. By a little industry we may be able to collect and preserve memoirs of those who have gone before us in the profession, the value of which we cannot now estimate.



## A MONSTER.

Within a few hours a singular case of malformation has come under our observation. We attended a female in her second confinement. Her labour was easy and natural. The offspring was a male child of the following description. Head and trunk well formed, and of natural size; feet turned inwards, forming that variety of club-foot termed by surgeons *talipes varus*; the hands rested on the breast just under the clavicle, the elbow joint being permanently bent so as to throw them in that position; one hand was divested of its thumb. From the edge of the *concha-auris* on the left side was suspended upon the cheek a small pear-shaped body above a quarter of an inch long. There was no anus; the hips presented a uniform surface, without the natural division, and just above the junction of the spinal column with the sacrum was a small tubercle about the size of a pea, which could be elevated a few lines on one side. The genital organs were strangely developed, and most curiously misplaced. The scrotum rested upon the arch of the pubis above, and underneath was the penis, an inch and-a-half long, with its dorsum directed to the right thigh, and the urethra to the left; the prepuce was drawn backwards over the glans, and the latter remained uncovered. The child breathed for about twenty minutes after birth. The placenta was readily removed, and the mother is doing well.

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MEDICAL INTELLIGENCE.

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DELEGATES TO THE NATIONAL MEDICAL ASSOCIATION FROM NEW JERSEY.

*New Jersey Medical Society*—Samuel H. Pennington, M. D., of Essex; Joseph Fithian, M. D., of Gloucester.

*District Medical Society of Burlington*—Zachariah Read, M. D., of Mount Holly; Samuel Woolston, M. D., of Vincentown.

The attention of the delegates is invited to the following resolutions passed at the last meeting of the National Medical Association. The information contemplated in the first, may be communicated to Dr. Stillé, Philadelphia; or to Dr. Dunbar, Baltimore.

*Resolved*, That the delegates of every society or association represented in this body, be requested to send to the secretaries



the form of organization or act of incorporation, and constitution of their society or association, with a list of its members.

*Resolved*, That the delegates to this Convention be requested to ascertain as far as practicable, and report to the next annual meeting, the number of practitioners of medicine in their respective states—designating the number who may have received a diploma from a medical college, the number who may have been licensed by a medical society, and the number who practice medicine without any authority whatever.

#### DELEGATES FROM NEW YORK.

*The New York Academy of Medicine*, which comprises two hundred and sixty-one active resident fellows, has appointed the following gentlemen to represent it in the American Medical Association, viz:

Doctors, J. R. Manly, Isaac Wood, J. R. Wood, R. Watts, Jr., A. H. Stevens, F. Campbell Stewart, H. D. Bulkley, F. N. Johnston, A. C. Post, W. Parker, C. R. Gilman, Thomas Cock, J. C. Cheesman, S. P. White, J. A. Swett, J. H. Griscom, W. H. Van Buren, G. Carter, J. W. Francis, J. O. Pond, J. K. Rodgers, Charles D. Smith, Thomas F. Cock, J. G. Adams, J. R. Van Kleek, and Benjamin Ogden.

#### *The New York State Medical Society:*

Doctors Dyer, Loomis, Augustus Willard, John McCall, P. H. Hard, S. Sprague, Robert G. Frary, Drusneade, Darius Clark, Naudaine, Delafield, Gordon Buck, Beadle, Purple Maltly Strong, Alexander Thomson, H. Burnell, George W. Bradford, Enos Barnes.—*Buffalo Medical Journal*.

#### DELEGATES FROM MASSACHUSETTS.

#### *The Massachusetts Medical Society:*

The Counsellors of the Massachusetts Medical Society, at their meeting in February, 1848, voted to send fifty delegates to the meeting of the American Medical Association, to be held in Baltimore in May, 1848. They made choice of the following gentlemen to compose that list:—Drs. A. L. Peirson, Salem; George Choate, do.; Joseph Reynolds, Gloucester; Asahel H. Wildes, Ipswich; Jeremiah Spofford, Bradford; Rufus Longley, Haverhill, John Green, Worcester; Edward Flint, Leicester; C. W. Wilder, Leominster; Stephen Batchelder, Royalston; S. C. Hartwell, Southbridge; J. W. D. Osgood, Templeton; Joseph Sargent, Worcester; Royal Fowler, Stockbridge; Robert Worthington, Lenox; Benj. Barrett, Northampton; S. W. Williams, Deerfield; Paul Spooner, New Bedford; Lyman Bartlett, do.; P. L. Nichols, Kingston; Aaron Cornish, Falmouth; E. W. Carpenter, Chatham; Wm. Bridgman, Jas. M. Smith, Springfield; J. C. Dalton, Elisha Huntingdon, Lowell; Nehemiah Cutter, Pepperell; Josiah Bart-

lett, Concord; J. Wellington, W. Cambridge; Horatio Adams, Waltham; Simon Whitney, Framingham; A. B. Adams, Bedford; Joshua Green, Groton; Hiram Hosmer, Watertown; J. O. Green, Lowell; A. R. Thompson, Charlestown; Jeremy Stimpson, Dedham; Eben. Alden, Randolph; Henry Bartlett, Roxbury; Edward Jarvis, Dorchester; Elisha Fearing, Nantucket; Z. B. Adams, John Jeffries, Wm. J. Walker, Winslow Lewis, J. V. C. Smith, D. H. Storer, Alex. Thomas, Ezra Palmer, M. S. Perry, Martin Gay, H. J. Clark, H. I. Bowditch, Henry Dyer and Henry Bryant, Boston.—*Boston Medical and Surgical Journal*.

#### DELEGATES FROM PHILADELPHIA.

*Medical Society*—Drs. B. H. Coates, C. Morris, Bell, Bridges, Ashmead, Reese, Emerson, Warrington, I. Parrish, West.

*College of Physicians*—Drs. Hays, Jackson, Bond, Condie, Fox, A. Stillé, Pepper, King, J. R. Paul and C. D. Meigs.

*Jefferson Medical College*—Professors Huston and Pancoast.—*Medical Examiner*.

#### DELEGATES FROM OHIO.

*Medical College of Ohio*—Professors Harrison and Locke.

*Medico-Chirurgical Society of Cincinnati*—Drs. J. P. Harrison, William Judkins, J. F. White, James Lockey and L. M. Lawson.

#### PENNSYLVANIA MEDICAL CONVENTION.

On the 11th instant this body met at Lancaster; it was well attended, and was an occasion of much interest. A Constitution for the organization of a State Medical Society was adopted, officers elected, and delegates appointed to attend the ensuing meeting of the National Medical Association. The best feeling prevailed, and the interest felt in this important movement promises well for the future prospects of the new Society. It adjourned to meet at the same time next year in the city of Reading.

#### MEDICAL CLASSES IN PHILADELPHIA.

*University of Pennsylvania*—Matriculants 508, Graduates 174.

*Jefferson Medical College*.—Matriculants 480, Graduates 178.

*Pennsylvania Medical College*.—Matriculants 99, Graduates 40.

We have not received the catalogues of the Franklin College, or of the Philadelphia College of Medicine.

**PENNSYLVANIA HOSPITAL.**—We are happy to announce that the vacancy made by the death of the late Dr. Randolph, has been supplied by the election of George Fox, M. D., as Surgeon to this Institution.

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**FRANKLIN MEDICAL COLLEGE.**—Thomas F. Betton, M. D., has been appointed Professor of the Principles and Practice of Surgery in this Institution, to supply the vacancy made by the resignation of C. C. Van Wyck, M. D.

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**SUCCESSOR TO LISTON.**—Professor Syme, of Edinburgh, has been invited to take the Chair of Surgery at University College Hospital, London, to supply the vacancy occasioned by the death of Professor Robert Liston. Professor Syme was Liston's pupil.

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**FACULTY OF MEDICINE OF PARIS.**—Professor Orfila, Dean of the Faculty of Medicine of Paris, has been removed from his office by the Provisional Government, and Professor Bouillaud appointed in his place.

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—We have received an unusual number of introductory lectures by Professors in the various Colleges of Philadelphia, New York, and Ohio, but have declined giving them an extended notice, not being able to do justice to them all, and not wishing to be thought invidious by reference to a part only. We have also received Professor Pancoast's Charge to the Graduates of the Jefferson Medical College, and Professor Grant's Valedictory Address to the Graduates of the Medical Department of Pennsylvania College.

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**THE BODY OF DIEFFENBACH.**—It is stated that the body of the late Dr. Dieffenbach showed no signs of decomposition at the end of nine days, but rather presented the appearance of profound sleep. Under the impression that recovery might take place, the body was constantly watched by two physicians, who were ready to render assistance should any signs of life appear. The Germans, we believe, are very cautious about interring persons not absolutely dead.—*Western Lancet.*

## ECLECTIC DEPARTMENT.

## NEW JERSEY REGISTRATION BILL.

*An Act relating to the registry and returns of births, marriages, and deaths, in the State of New Jersey.*

1. *Be it enacted by the Senate and General Assembly of the State of New Jersey,* That the clerks of the several townships in this state shall, annually, in the month of June, transmit to the Secretary of State of this state, a certified copy of their record of births, marriages and deaths, which have occurred within their respective townships, during the year next preceding the first day of said month; the births shall be numbered and recorded in the order in which they are received by the clerk; the record of births shall state, in separate columns, the date of the birth, the place of birth, and the name of the child, (if it have any) the sex of the child, name and surname of one or both of the parents, occupation of the father, residence of the parents, and the time when the record was made; the marriages shall be numbered and recorded in the order in which they are received by the clerk; the record of marriages shall state, in separate columns, the date of the marriage, the place of the marriage, the name, residence and official station of the person by whom married, the names and surnames of the parties, the residence of each, the age of each, the condition of each, (whether single or widowed,) the occupation, names of the parents, and the time when the record was made; the deaths shall be numbered and recorded in the order in which they are received by the clerk, the record of deaths shall state, in separate columns, the date of the death, the name and surname of the deceased, the sex, condition, (whether single or married,) age, occupation, place of death, place of birth, names of the parents, disease or causes of death, and the time when the record was made.

2. *And be it enacted,* That the township clerk of each township, or some person duly authorized by him, shall, annually, in the month of May, ascertain from actual inquiry or otherwise, all the births which have happened within such township, during the year next preceding the first day of said May, together with the facts concerning births, required by the first section of this act, and shall make a record thereof, and file the same with the papers of such township, on or before the last day of said May; and the said township clerk, or other person authorized by him to make such returns, shall be entitled to receive from the treasury of such township, five cents for each and every birth so returned.

3. *And be it enacted*, That every justice, minister, and clerk or keeper of the records of the meeting wherein any marriages among the Friends or Quakers shall be solemnized, shall make a record of each marriage solemnized before him, together with all the facts relating to marriages, required by the first section of this act; and each such justice, minister, clerk or keeper shall, between the first and tenth days of each month, return a copy of the record for the month next preceding, to the clerk of the township in which the marriage was solemnized; and every person as aforesaid, who shall neglect to make the returns required by this section, shall be liable to a penalty of ten dollars for every such neglect, to be recovered by action of debt, with costs of suit, before any court of competent jurisdiction, for the use of the township to whose clerk such returns ought to have been made.

4. *And be it enacted*, That each sexton, or other person having the charge of any burial ground or cemetery in this state shall, on or before the tenth day of each month, make returns of all the facts required by the first section of this act, connected with the death of any person whose burial he may have superintended during the month next preceding, to the clerk of the township in which such deceased person resided at the time of his death, if such death happened in this state; and such sexton or other person shall be entitled to receive from the treasury of the township to which such return is made, five cents for the return of each death made, agreeably to the provisions of this act.

5. *And be it enacted*, That the clerk of each township shall be entitled to receive from the treasury of such township five cents for the record of each marriage and death; *provided*, such clerk shall, in all respects, faithfully perform his duties under this act.

6. *And be it enacted*, That the Secretary of State of this state shall prepare and furnish to the clerks of the several townships in this state, blank books of suitable quality and size, to be used as books of record, according to the provisions of this act, and also blank forms of returns, as herein before specified, and shall accompany the same with such instructions and explanations as may be necessary and useful; and he shall receive said returns and prepare therefrom such tabular results as will render them of practical utility, and shall make report thereof annually to the legislature, and generally shall do whatever may be required to carry into effect the provisions of this act; and for the faithful discharge of his duties under this act, he shall be entitled to receive annually, the sum of fifty dollars, to be paid by the Treasurer, on a warrant produced to him signed by the Governor, or person administering the government of this state.

7. *And be it enacted*, That any clerk who shall neglect to comply with the requirements of this act, shall be liable to a penalty of ten dollars, to be recovered by action of debt, with costs

of suit, before any court of competent jurisdiction, for the use of the township where such neglect shall be proved to have existed.

8. *And be it enacted*, That the clerk of the common council or board of aldermen of any incorporated city or borough in this state, when such city or borough shall extend to and include the limits of an entire township, shall perform the same duties, receive the same compensation, and be liable to the same penalties, as are by this act provided in respect to the clerks of the several townships in this state; and that in construing this act, the word "clerk," meaning thereby the town clerk of any township in this state, shall be deemed and taken to include and mean the clerk of the common council or board of aldermen of any incorporated city or borough as aforesaid; and the word "township" shall be deemed and taken to include and mean any incorporated city or borough as aforesaid.

9. *And be it enacted*, That this act shall take effect from and after the first day of June next.

Approved at Trenton, March 3d, 1848.

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#### TREATMENT OF TYPHUS OR SHIP FEVER.

Extract from a "Summary of, and Observations upon the medical practice of the New York Hospital, in the months of July, August, and September, 1847. By John H. Griscom, M. D., attending physician."

"The *treatment* of this disease was based upon the idea of its proximate cause being *mainly* a vitiated, deficient and innutritious condition of the blood. I say *mainly*, because I have no particular theory as to the real nature of the disease, whether produced by a specific poison entering the system from without, as is maintained by some, or by a partial decomposition of the blood by others, or by a disorganization of the solids by a third party, etc. The most important point in my estimation to be considered, being its treatment, I have been disposed to look chiefly at its *remote causes*, and to endeavor to ascertain from a contemplation of them, what is required to overcome their effects.

"The remote causes are two in number: 1st, an insufficiency of food, and 2d, the inhalation of a vitiated air. The first of these must necessarily produce an exhausted nutritive condition of the blood;—that fluid, under a protracted privation of nutriment, will not only be diminished in quantity, but its red globules, it is reasonable to suppose, will become deficient in number and in those properties which are believed necessary to the health of the organism. Both these consequences are aggravated and increased by

the second cause; for in the atmosphere of the steerage of a passenger ship, crowded to the utmost limit of the law, there must necessarily, one may easily believe, be not only a deficiency of oxygen, but an actual presence of other gases, whose chemical action upon the blood cannot but be deleterious, depriving it still further of its healthy properties.

"I may be told that this brief view of the causes and character of ship fever is insufficient to account for the *febrile symptoms*,—that there is nothing in starvation, or want of oxygen, or the presence of deleterious gases, to produce *fever*. If any one who should raise this objection to the insufficiency of my position will tell us *what fever is*, I might then be able to discover a connection between it and the causes I have named. Until the *specific* nature of fever is demonstrated, it is in vain to argue about the nature of its causes, or to endeavor to trace the *modus operandi* of the influences which are supposed to produce it. But if we are to understand by fever, the frequent pulse, hot skin, thirst, etc., etc.,—then I answer, that ship fever, as it has been presented to us this year, is in very many instances, not a fever at all. Repeatedly have we seen patients brought from on ship board without a single symptom of fever; with pulse below the natural standard, skin moist and cool, fauces not dry, no thirst, and yet the body covered with petechiæ, the eye congested, the senses benumbed, and most of the other symptoms of the *typhus condition*.

"Confining our attention to this simple view of the causes of ship fever, we find little else to do than to counteract their effects. The means for this are clearly indicated, and may be classed under three general heads.

"1st. To maintain the continuity of the body, and sustain its nervous energy, by stimuli, until we are enabled,

"2d. "To improve the quantity and character of the blood by appropriate nourishment; and

"3d. To oxygenize the blood thoroughly by pure air.

"For the first indication, after giving a warm bath, (an invariable rule where it could be borne,) the most powerful and direct stimulants were found necessary. Brandy and carbonate of ammonia constitute the main reliance; and during my attendance I have been astonished to observe what enormous quantities of these remedies will be borne in this disease. As an instance, I may mention the case of a girl about 15 years of age, who took about 5 pints of brandy every day for 5 days, and for two weeks longer from 2 to 3 pints daily. At the same time she was taking 10 grains of carb: ammonia every 15 minutes, amounting to two ounces in twenty-four hours, besides soups and other nutriments. And all this without the least manifestation of excitement, or injury to the stomach or bowels, such was the intensity of the disease. She was under this treatment nearly three weeks, before any very decided symptoms of improvement were manifested; un-



fortunately, before time elapsed to observe the ultimate result in this case, and just as she was beginning to feel the good effects of the treatment, the patient had to be discharged 'relieved,' being removed from the hospital by her parents. Many other cases might be cited, in which it was necessary to continue, night and day, to ply these remedies unceasingly;—a very short respite was frequently sufficient to put the patient back decidedly, and a vast number of the cures were undoubtedly due to the faithfulness with which these means were applied. Where the circulation was unusually languid, or the extremities were cold, sinapisms and artificial warmth were very valuable.

"To answer the second indication, the patients were fed at frequent intervals with nutritious soups, arrow root, or gruel, with wine or brandy, milk punch, egg-nog, beef, chickens, etc., etc.

"Upon the third indication, pure air, I may remark, that on several occasions the necessity for it was strongly marked. The pressure for admission several times became so urgent, that the bounds of prudence were quite overstepped, as was indicated by the fact that in certain of the wards which were most crowded, and contained the worst cases, the recoveries became more protracted, and the relapses more frequent. It became necessary to close two of the wards in the north building, and to have them thoroughly cleansed and purified. After this operation, and upon confining the number of patients in them to a reasonable limit, a decided improvement was manifested in the rapidity of recoveries, and convalescence. The position of a patient's bed in a ward, was observed to have an influence over his treatment. In the corners of the rooms, the patients got along more slowly than in the central parts, or near the doors or windows;—and I frequently found that when a patient had been lying for several days, in a part of a ward most distant from the windows, and was not doing well, a removal of his bed right under a window would, in 24 hours, produce a decided change in the symptoms for the better.

"Although this was the general course of treatment, it was frequently varied to suit the condition of the patient. Occasionally a case would present a degree of excitement, with hot and dry skin and thirst, which called for the spirit. Mindereri, ice in the mouth and to the head, and the mildest diet; sometimes gastric irritation with nausea would demand a mild emetic, such as an infusion of euper: perfol. If the pain and heat in the head were marked, dry cups to the temples, or forehead, or blisters behind the ears, and application of ice, would generally be found sufficient. Pneumonic symptoms with cough frequently complicated the case; when these occurred, Stoke's expectorant, with dry cups, or vesication of the chest, formed the principal addition to the other treatment.

"Sometimes there would occur such a combination of general prostration and external heat and dryness, as to indicate a com-



bined stimulant and febrifuge treatment; such, for example, as the administration of carb: ammon: or a half ounce of brandy, alternately every hour or two hours, with a half ounce of spirit: Minder: and so frequent and sudden were the changes, in many instances, from one condition to the other, an almost constant watching was necessary to withhold the one or the other, and again resume it. In fact, the varieties and shades of symptoms were almost infinite, and called for an endless variation in the means of relief. To enumerate them would take more time and space than could be reasonably asked. There were many cases, however, for which no other treatment was necessary than good diet and cold water. Cleanliness, pure air, and food, appeared all-sufficient for the removal of the disease, even in the well-marked cases, not a particle of medicine being administered to them."

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OBSERVATIONS ON ETHERIZATION IN TETANUS—WITH A CASE.

*Read before the College of Physicians of Philadelphia, March 7, 1848, by ISAAC PARRISH, M. D.*

Early after the discovery of the remarkable property of ether, in annulling pain, it was suggested that its use might be extended with advantage, to a large class of nervous diseases, the nature and treatment of which are still involved in obscurity.

Amongst these, one of the most important, is tetanus, a malady of the most terrific character, and in the larger proportion of cases, totally beyond the reach of any method of treatment yet discovered. Within the past year, several cases of this disease have been reported in the English and French Journals, in which the inhalation of ether has been employed, with variable results; in several it is said to have aggravated the spasms, and to have hastened the fatal issue, while in others, it has produced a temporary alleviation of the symptoms, without arresting the progress of the disease, and in two cases it is supposed to have promoted a cure.

Not having had access to the detailed history of these cases, I am not aware of the particular stage of the malady, in which the inhalation was resorted to, or of the extent to which it was carried.

When administered in the *incipient* stage of the disease, and before the spasms become general, it would seem, a priori, to afford us a valuable means of allaying the constitutional irritation, which is the precursor of tetanus, and thus of averting the attack.

Under these circumstances, it was employed in a recent case, which I attended in consultation with my friend Dr. Alexander Hart, and which it is proposed now to report to the College. It will be remarked that in this case, the tetanic symptoms were pre-

ceded by decided evidences of their approach, and that they were gradually developed, thus affording us a fair opportunity of interposing remedies; had the disease been suddenly induced, and had it spread rapidly over the system as it sometimes does, the result might not have been so happy. The case however furnishes an important illustration of the value of this remedy, under circumstances where the most powerful anodynes taken into the stomach, failed to induce sleep, or to allay restlessness, at a time when the production of this result was all important to the safety of the patient.

Every surgeon who has seen much of tetanus, must have recognized that singular state of the nervous system, which generally precedes the spasms; a state in which there is an impressibility to the actions of stimulants and anodynes, the patient is anxious and restless, his pain, which may before have been severe, has left him, and yet he cannot sleep; very soon he complains of a little stiffness in the back of the neck, and protrudes the tongue with some difficulty; then follows an occasional twitch in the injured part, with a shoot of pain up the limb, extending perhaps to the opposite side, with flatulence and colicky pains; if these symptoms be not speedily relieved by appropriate remedies, it is well known that general tetanic spasms will ensue, which becoming more and more frequent and violent, destroy the patient.

The practice usually recommended under these circumstances, is to promote action in and around the wound, by the application of irritating poultices or ointments, and to control the nervous irritation. To accomplish the latter indication, various means have been resorted to, amongst which, the administration of opium in some of its forms, stands most prominent. Too often, however, this powerful medicine fails to produce its peculiar effects, even in the largest quantities, and the disease proceeds on unchecked.

Now, it is in this condition, that the inhalation of ether would seem to offer us a new, ready, and more powerful means of accomplishing the desired result, and in the case which I have the pleasure of reporting to the College, its effects in this particular stage of tetanus were certainly most happy, tending to arrest the progress of the disease, by suspending the spasms, and promoting repose; thus placing the nervous system above the influence of the malady.

CASE.—Louis Hettenhausen, a German cabinet-maker, aged about fifty years, was attacked with severe pain in the index finger of the right hand, on the 20th of the first mo. (January) last. He supposed that he had been pricked by a splinter, and picked at the finger in order to get it out, but could find nothing. The pain steadily increased, and he complained of chilliness which affected him during the whole night. On the morning of the 21st, Dr. Hart was called to visit him; found considerable inflammation and swelling in the finger, with red streaks running along the course

of the absorbents, on the back of the hand and fore-arm; the pain was excessive. Dr. Hart directed a full dose of calomel and opium, with ley poultice to the finger, and laudanum fomentations to the hand and arm. The pain not being relieved in the course of a few hours, after Dr. H.'s visit, a medical friend of the patient, under the impression that it was a paronychia, made a free incision into the finger with a scalpel, without the discharge of matter, and with very little bleeding. No relief followed this operation, and the pain continued violent during the whole of the day and night, notwithstanding the patient took laudanum.

On the 22d, there was swelling of the limb, and a greater degree of inflammation along the line of the absorbents, on the back of the hand and arm, with appearances of commencing gangrene in the finger. The bowels had been freely opened, the tongue was furred, and the pulse, soft and compressible. Dr. Hart directed a continuance of the poultice and fomentations, with twenty drops of black drop every four hours. On the morning of the 23rd, I was requested to visit the patient in consultation. The hand and arm were now greatly swollen, to some distance above the elbow, the pain was very severe, and the patient had been without sleep from the commencement of the attack. The tongue was heavily coated, and there was entire loss of appetite, with a soft, compressible pulse, and copious sweats. The finger was gangrenous.

A lotion of equal parts lead-water and solution of opium was advised to the limb, and Kentish ointment to the finger; the arm was enveloped in a blister above the inflammation, and the patient was placed upon small doses of blue mass, with twenty drops of acet: opii: every four hours, with nutritious drinks.

On the 24th, there was no improvement; the gangrene of the finger was complete; swelling of the arm and hand had increased, without fluctuation at any point; the inflammation had extended above the blister.

The patient had slight, short naps through the night, without refreshing sleep. Free cauterization with nitrate of silver, above the inflamed surface was resorted to. Porter was advised to be taken freely, and a decoction of the oak bark to be applied in wetted cloths to the limb. Quinia 2 grs. every four hours, and black drop, twenty drops every three hours.

25th. Inflammation had not extended above the cauterized line; tumefaction of the limb, very great up to the elbow; a line of demarcation formed above the second joint of the finger; less pain in the limb; fluctuation distinct on the back of the wrist. General symptoms not improved; patient cannot sleep, and sweats copiously; pulse more feeble, countenance pallid and anxious; has had no refreshing sleep since the beginning of the attack. A free opening was made through the integuments at the fluctuating point, followed by a discharge of thick, yellow matter, in small

quantity; anodyne continued in same dose every two hours. Directed milk punch instead of porter. In the evening there was no improvement; though the patient had taken the black drop regularly, he had not slept; there had been during the day, several attacks of pain, extending up the limb to the muscles of the side of the neck, and shooting along the course of the lower jaw to the ear. The patient though accustomed for many years, to the daily use of a small portion of brandy, had taken the most decided aversion to it, and could with difficulty, be induced to take the punch. He also had a disgust for food of any kind; pulse soft and compressible; bowels constipated; no stool produced from blue pill. The comp. tinct. of rhubarb was now directed, with a continuance of the quinia, milk punch and black drop, every two hours. Another opening was made through the integuments, on the back of the fore-arm, from which pus issued.

26th. Less pain in the limb, with more tumefaction, and but little discharge; patient feels better, though he cannot sleep; bears pressure on the limb, and moves it about without pain; decided rigidity of the jaws, and difficulty in protruding the tongue; shooting pains occasionally, along the course of the jaw back to the ears, and a feeling of something being in the ears. Bowels still constipated, with occasional colicky pains, which we attributed to the action of the rhubarb; had sweat profusely during the night; pulse more feeble, and about ninety in the minute; coldness of feet; has no inclination for food, and rejects the brandy; has taken the black drop regularly every two hours.

Red precipitate ointment was applied to the fingers and back of the hand; comp. tinct. of rhubarb continued; and a table-spoonful of Huxham's tinct. of bark in a wine-glassful of milk, given every two hours, in place of the quinia and milk punch. Morphia in camphor water,  $\frac{1}{4}$  gr. every two hours, was substituted for black drop; essence of beef, by the spoonful, for nourishment.

In the evening there was no improvement; patient has had several copious stools during the day, preceded by sharp pain in the bowels; sweating copious, no appetite, pulse feeble, great restlessness, with little steady pain, occasional shoots up the limb to the neck and jaws; stiffness at the back of the neck and rigidity of the jaws, with præcordial oppression. Same treatment continued, with the addition of enemata of assafoetida and laudanum in broth, every four hours.

27th. Patient much in the same state as yesterday; no sound sleep, occasional short naps, from which he would start up with pain in the finger and arm; several copious, dark, thin and offensive stools during the night, great sweating, intellect perfectly clear, no steady pain, but great distress and restlessness; wishes himself dead, &c.; limb tumefied, but a decided diminution in the inflammation and discharge, bears handling and squeezing at the orifices of the openings without complaint. Rigidity of jaws, and

shooting pains continue; quantity of morphia increased, and assafoetida injections continued, with nourishment, aromatic spirits of ammonia given in addition to other remedies.

In the evening, the danger of general tetanic spasms was more imminent than at any previous period. The patient had experienced during the day several severe shoots of pain, from the mortified part, up the limb to the back of the neck, and down to the pectoral muscle of both sides of the body, with increased stiffness of the neck and rigidity of the jaws; all the local symptoms were relieved. There was no pain in the limb, and very little discharge from the openings, with great restlessness and depression of spirits; he could not sleep, notwithstanding the constant use of powerful anodynes for several days past; the bowels continued free, and the discharges were becoming exhausting; he had colicky pain and no appetite.

At this juncture it was suggested that we should try the inhalation of sulphuric ether. A sponge saturated with this article was placed in the hand of the patient, and he was directed to inhale freely; in about five minutes, the hand which grasped the sponge relaxed, and he fell into a pleasant slumber. This continued for about two hours and a half, when he awoke with pain and restlessness, and again asked for the sponge, which he applied in the same way, with a similar result, and had another nap of the same duration.

28th. This morning Dr. Ashmead joined us in the consultation. The whole aspect of the patient manifested great improvement; five hours comfortable sleep had steadied the nervous system, and there had been no return of the spasms during the night; the opening of the jaws was still attended with pain, though the rigidity was less; the bowels had not been opened, and the colicky pains had ceased. The patient this morning, for the first time since the attack, took nourishment with an appetite. The condition of the limb had not materially altered, except that it was more sensitive to the touch. Huxham's tincture of bark and paregoric, a desert spoonful of each, were directed every two hours, with beef tea, porter, &c.; spirits of camphor was applied to the limb, and a sinapism to the spine, with directions to resume the inhalation of ether if pain or spasm should recur. During the day he had occasional shoots of pain up the limb to the shoulder and side of the neck, but not so violent and frequent as heretofore. The medicine and nourishment had been retained, and the constitutional symptoms had decidedly improved. He was directed to inhale the ether at bed time, and to repeat it, if necessary, as on the previous night, and to take small portions of nourishment at short intervals when awake.

29th. This morning we found the patient not so well; countenance more anxious; he had passed a restless night, and had experienced several severe paroxysms of pain in the limb, extending

to the neck, but not to the other side; the hand and fore-arm were more painful, but the discharge of pus from the orifices was more copious; the inflammation was accurately defined and more acute. It was found on inquiry that the quantity of ether employed during the night was not sufficient to produce the desired effect; the attendants having neglected to have it replenished. A resort was had to the inhalation several times during the day, with happy effects, the patient having enjoyed several refreshing sleeps after the inhalations without manifesting any previous excitement. A spasm of the muscles of the jaw coming on this morning while the patient was attempting to gape, and preventing the closure of the mouth for a few moments alarmed him greatly, but the spasmodic pains in the limb during the day were much less frequent. The patient took nourishment with appetite, and was evidently improving. At bed time the ether was directed as on previous occasions.

30th. Had passed the night without severe pain, and had slept comfortably most of the night, after inhaling the ether at bed time; countenance, pulse, and skin all favorable; jaws relaxed; pain in inflamed surface severe on motion or handling; healthy granulations forming around the gangrenous portion of the finger; free purulent discharge from openings at the back of the hand and arm, and around the granulations in the finger; the cellular tissue under the integument was completely destroyed in those parts attacked by the inflammation. From this period, the improvement of the patient slowly progressed, without any farther appearance of alarming symptoms, and in due time the finger was removed.

The chief interest attached to the case, (which was one of ordinary phlegmonous erysipelas) is derived from the fact, that the inhalation of ether acted the part of an anodyne, where the preparations of opium had failed to produce an impression, and when tetanic symptoms had set in. It is worthy of remark, that the ether here produced no excitement, or delirium, or nervous agitation of any kind as it sometimes does when administered to healthy individuals; but it simply induced sleep, which was prolonged for several hours, and appeared to be natural and refreshing.

How far the action of this potent agent is modified by the peculiar morbid conditions of the nervous system in which it may be given, has not yet been tested to any considerable extent. We know that the powers of opium and alcoholic stimuli are thus modified, and in no disease have we a better illustration of the fact than in tetanus. May not anæsthetic agents be influenced by similar laws?

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*New and successful method of treating Prolapsis Ani.* By DR. HARE.—The method consists in returning the bowel or hemorrhoidal tumors with great care after the daily motion; in assisting its return by means of soap lather; in applying a coil of moist



sponge firmly upon the anus, and, while retaining it there with one hand, bringing the nates together by means of a broad strip of adhesive plaster, as on approximating the edges of a wound.

This method Dr. Hake has now tested in several cases; it has never failed of success.

[The following is extracted from a letter from a patient who first put the plan to trial, and by whose ingenuity it was first conceived:]

"Take a piece of sponge four or five inches long, an inch and a half wide, and half an inch thick, the more elastic the better; roll this, in a damp, but not wet state, pretty tightly, so that the roll, if relaxed, would be ready to spring back into its full length, and it would then make a roll of some little substance, round, but still soft, and its length, when thus rolled, will of course be an inch and a half. Apply it, then, lengthwise, to the anus, so that it may be pressed about the centre of it, quite home and firmly to the part. Taking care that it may remain so, stretch a length of adhesive plaster, about 14 inches long, and three and a half wide, more or less, straight across the nates, rather low down, and contrive so that while the plaster adheres on one side, you press the other side closer to its opposite, before you fix the length finally where it is to remain. Then sit down, at first gently upon it, and it will become very firm and fast, so long as the plaster is good. These two pressures constantly going on, do the work without any inconvenience worth speaking of; I mean the roll of sponge always striving to unwrap itself, and the cross-band of adhesive plaster always keeping it from doing so by holding the nates sufficiently close together. The working is perfect with a little use and management. I never put this on until I am going about, or to take exercise, whether walking, riding, or driving. In the evening I take off the plaster, but leave the sponge in its place, where it has got by that time so firmly fixed by gradually spreading and swelling, that there is no danger that anything short of great exertion will loosen it, and it is of course more comfortable to do without the plaster when it is not wanted. The sponge should be washed in cold water every time it is taken off, and in cold weather the plaster should just cross the fire before it is put on; in moderately warm weather it will adhere of itself, especially if it is sit upon for half a minute. The same plaster is better the second day than even the first, and will do even the third, where economy is an object. Wash the parts where the plaster goes, every morning or oftener, with water, or water and vinegar, and the skin will never suffer. If the plaster leaves something sticky behind it, when it is taken off, rub it with a very little spirit of wine, and the towel will remove it.

"If there be an irritation about the anus or the gut that comes down, wash it with vinegar and water, and the relief will be won-



derful, and that part of the evil soon cured. This wash cannot be too much praised for this purpose, for piles, and the like."—*London Medical Gazette*.—*British American Journal of Medical and Physical Science*.

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*A case of Eclampsia Parturientium, or Puerperal Convulsions.*  
By THOMAS MCGOWN, M. D., of Hillsborough, Mississippi.

Mrs. S. æt. 45, temperament lymphatico-nervous—had given birth to 14 children, and one miscarriage—was delivered about 3 o'clock, A. M., Sunday, Nov. 21st, of a female child—labor lasted about one hour and a half, and very painful,—attended by a negro servant as midwife. About 9 o'clock the infant was applied to the breast for the first time. Mrs. S. has since stated, that soon after it was applied to the breast, she had pain in the stomach, tinnitus aurium, apparently saw a great many lightning-bugs in the corner of the house. A *fit* now came on, attended with clonic spasms, chin drawn towards left shoulder, and other phenomena of epileptic fits. A boy was now started after me, (distance nearly eight miles.) After my arrival I learned the above; and also, after an interval of, perhaps little more than an hour, another fit came on, which lasted about 40 minutes. More than an hour after the subsidence of this fit, and soon after I entered the room, a third one commenced, which was very severe indeed, and threatened dissolution. It lasted about 30 minutes, and was succeeded by a state of *mania*, lasting about 20 minutes; during which she said many foolish things,—indicating complete aberration of mind. After this maniacal condition passed off, her system was very much relaxed, attended by a state of stupor or coma, stertorous breathing, and a hissing sound. After a time I aroused her, and administered one and a half teaspoonfuls tinct: opii, a little sulph: ether, in half a tea-cup of water. More than an hour after this—gave a dose composed of sulph: quinine, 8 grs., calomel, 10 grs., radix rhei pulv: 10 grs. There was an interval this time of about two hours and a half; during which she appeared to be doing tolerably well, except pain in stomach, and hurting of encephalon, which had been the case in all the intervals of fits. Then came a fourth fit, which was shorter and milder than any of the others; and this and the two first were not succeeded by the maniacal condition, as was the case after the third fit. It was, however, followed by stupor. After a time, I aroused her, and gave a dose of sulph: quinine, 8 grs., tinct: opii, 40 min. Four hours after this, gave a dose of sulph: quinine, with a little sulph: morphia.

22d, 7 o'clock, A. M.—Was informed about a double handful of clotted blood came away from the womb this morning. Administered a dose of sulph: quinine, 8 grs. radix rhei pulv: 10grs. Repeat the same every 4 hours; at bed time add sulph: morphia.

23d,—Spent a pleasant night, having slept a goodly portion of it. Sulph: quinine and radix. rhei. pulv., administered four times during the day, with addition of pulv: Doveri at 9 o'clock, P. M. Complained of soreness of encephalon, body, limbs and tongue,—the latter having been bitten (bruised) a little during the fits, though measures were used to prevent it.

24th,—No operation from bowels yet. Sulph: quinine continued. Child again applied to the breast this morning, which was followed by pain or hurting of stomach, and blindness for a few moments. At 3 o'clock, P. M., ordered oleum ricini, 3ij, and xx min: oleum, terebinth., which produced *dejectio alvina* in reasonable time; this being the first one since her confinement.

She continued to improve—feeling sore all over for several days, as though she had been beaten with a stick.

I should have remarked, that her *pulse*, soon after each fit was over, was about 95, hard and contracted,—during fits less frequent and not so hard. She had *hæmorrhoids*,—and during labor, prolapsus of rectum was induced, making a considerable tumor, which was oiled for a time and returned.

Her mental faculties were much impaired for several days; having no recollection of many things that transpired the first day or two after parturition, and but an indistinct one of many others.

December 1st.—Saw her again:—Was informed that she had done well, with the exception of *pain* and *tenderness* in *lower portions of dorsal region*, *pain* sometimes *running half way to sternum*, (*dorso-intecostal neuralgia*.) Ordered sinapism, or flannel dipped in hot ol: terebinth, to tender part of spine. Sulph: quinine, and carb: ferri internally, and being costively disposed, ordered aperients of different kinds,—*pro re nata*. Nourishing diet in small quantities at a time was allowed during the whole course of treatment.

Recovered.

*Remarks.*—The above case occurred in one of the wealthiest families in the county, and as has been seen, requiring prompt and decided treatment. Believing the treatment as recommended by authors, improper and unsafe in this case,—and without an opportunity of consultation, made it quite a responsible situation indeed, in which I was placed. Guided, however, by my own views of the case, which I believed to be consistent with the true principle of medicine, I proceeded to treat it as above stated.

With due courtesy to authors and my superiors in the profession, I believe this is one disease that is almost always improperly treated by them. I think the profession should re-investigate and

profoundly consider the nature and treatment of this affection, an opinion which is much strengthened by the great mortality of these diseases—about one in four proving fatal in *Eclampsia Parturientium*, according to authors.

Professor Dunglison informs us that some cases of these convulsions are decidedly *hysterical*; others more of an *apoplectic* character; “but the convulsions, which are most frequently met with and seriously complicate the parturient state, are *epileptiform*.” Professor D. further remarks;—“In numerous examinations that have been made of those who died during the existence of this form of convulsions, *no alteration* whatever was found in the condition of the encephalon;”—and says: “the affection would appear to belong unequivocally to the *neuroses*.” It appears somewhat surprising in this advanced age of medical science, that, without regard to the peculiarities of any particular case, we are told by one of the greatest compilers of the day:—“Whatever may be the condition of the encephalon in this alarming affection, almost all writers appear to be agreed, that our hopes of safety must rest on diminishing the amount of the circulating fluid,” &c., and that blood should be taken in a full stream, &c. It has been said by Professor Meigs, that, “it is scarcely worth while, almost, to open a vessel to draw off eight or twelve ounces of blood. The patient ought to lose from thirty to sixty ounces at one venesection, if possible.” Some have advised bleeding from the jugular vein. It is also said it may be necessary to repeat the bleeding again and again; and that but little nourishment should be allowed. I am disposed to question this sweeping generalization. Do we not know that large and repeated abstractions of blood, (especially in some cases,) are calculated to bring on convulsions; or that condition we should be endeavoring to combat?

This affection is classed by nosologists with the *neuroses*; and Professor Dunglison says it is most frequently epileptiform. Do we not know that powerful antiphlogistic treatment is not required for this family of diseases, nor even tolerated with impunity?—Yet we see Professor Meigs, and others, resort to it most heroically. And when such is the treatment, need we be surprised at the great mortality,—or if they survive would we not naturally expect dangerous or obstinate sequelæ. Professor D. says, “Continued ill health is apt to follow puerperal convulsions; and much care on the part of the practitioner is demanded, to avert many evil affections, which are amongst their sequelæ.” This we might reasonably expect, where the system receives a severe shock, or much injury during the convulsions; but might not many of them be averted, or ameliorated, by the plan of treatment which I have suggested? I am not disposed to doubt that venesection is proper in some cases—especially in *eclampsia gravidarum*,—those of full habit, or sanguine temperament; but believe it is too dogmatically taught, without regard to the peculiarities of each case,

and too indiscriminately practiced,—hence, perhaps, one cause of its seriousness, and great fatality.

I wish it particularly borne in mind, that in the above case, venesection was *not* resorted to; and had I drawn “thirty to sixty ounces of blood at once,” the patient would in my humble opinion, have succumbed.

I think it might be safely supposed, that the short and painful labor debilitated the system so much, that it was placed in a condition for the encephalon to sympathise with the matrix through the reflex nerves, and that on the line of this concatenation, a portion of the medulla spinalis sustained injury, as was manifest from the subsequent pain and tenderness in lower third of dorsal region.

Believing that the practice recommended by authors, is, at least to some extent, wrong and dangerous; I feel it my duty to the profession and to humanity, to suggest what may be of much interest to both;—and should I meet with a case that required venesection I should not hesitate to administer sulph: quinine, and sulph: morphine afterwards.

There are a great many opinions about the *modus operandi* of sulph: quin. We know that it exerts a powerful influence on the nervous system. In large doses, it acts as a tonic and sedative; perhaps its sedative effect is, at least to some extent, in consequence of its tonic influence. It appears that many physicians at the north do not understand the cases in which this great remedy ought to be administered, or they give it in too small doses; (in the *ship fever* in Philadelphia Dr. Turnbull gave “quinæ sulphas, in pills of one grain, three times a day.” See Med. Examiner, or Western Lancet & Med. Lib. vol. vi. no. 4, p. 239.) while some at the south go to the other extreme—giving it in very large doses—from fifty to sixty grains and more.\*

It is highly important in the practice of medicine, that extremes be avoided. Nothing is here intentionally said, respecting delivery of the *fœtus* prior to, or during parturition. This paper has already been extended beyond what was intended at the outset.—*Western Lancet.*

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THE NATURE OF GENERAL SHIELDS' WOUND.—This gallant soldier has recently been the guest of our city, and we were called upon to dress his second wound: being detained, we found our friend, Dr. Dugas, in attendance when we arrived. It is known that General Shields was wounded twice in the recent battles in Mexico. By the discharge of a cannon at Cerro Gordo, he was

\* Dr. R. S. Holmes, Med. Staff U. S. A. says: “A patient at the north takes one or two grains almost daily for weeks. The largest dose he has given (in Florida) at a single dose, has been eighty grains. (See Ame. Jour. Med. Sci. for October, 1846, pp. 297, 304.)

shot through the body and given over as certain to die. The General thinks it was a grape shot that traversed his chest. The balls had evidently passed between the *lungs, through the mediastina*; entering within the right nipple, and passing out near the spine on the right side. He spat no blood, did not fall, and even gave the word of command after being wounded. In a few moments he was in indescribable agony, and even prayed for death, to be relieved!

None but a medical man can fully appreciate the nature of this wound, which has no parallel on record.—*Southern Medical and Surgical Journal*.

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**OBITUARY RECORD.**—Died, January 29th, of Typhus Fever, caught in the discharge of his professional duties, Dr. Joseph Bell, one of the most distinguished medical practitioners of Edinburgh. Dr. Bell was the youngest son of the late Dr. Benjamin Bell, the Liston of his day, one of the most celebrated operators and practical surgeons that Scotland can boast of. His mother was a daughter of Professor Hamilton, who filled with distinction the Chair of Divinity in the University of Edinburgh; so that by parentage, as well as by professional celebrity and personal labours, the name of Dr. Bell has long been intimately connected with the medical renown of the Scottish metropolis.—*Medical News*.

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**AMPUTATION DURING SPREADING GANGRENE.**—[Extract of a letter to the Editor from U. S. THOMAS, M. D., of Longview, Tenn.]

In reading the review of the work of Chelius, in the January Number of the Journal, I discover that I can furnish a fact bearing on a dispute between that author and his translator, Mr. South, which is at your service. Some years back, a Mr. Garner, while driving a wagon, was thrown from his horse and dragged some distance, producing a compound dislocation of his ankle, and a slight fracture of the end of the tibia. The parts were adjusted, but mortification took place. When it had reached the knee, and was still progressing, Drs. Cooper and McDaniel, of Clarksville, were called in consultation. The whole of the thigh was emphysematous, and supposing that it indicated commencing gangrene, we were much embarrassed in coming to a decision. We supposed that the mortification would be fatal if not arrested, and doubted the propriety of cutting through a part with incipient gangrene. We finally concluded that the circumstances justified amputation. The limb was removed above the knee, and the man recovered without a bad symptom.—*American Journal of Medical Sciences*.